#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,561 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES FOR CASH GRANT - AGED AID CODE 10

EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

01/29/04

----- MONTHLY AVERAGE -----

| MOPO-24 | PER-POR-SERVICES | SIMMARY OF SERVICES | SE ----- MONTHLY AVERAGE -----#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,562 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

5,111 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST UN PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	99	254 \$	4,716.87	\$ 18.57	.050 \$	47.65	
DIAGNOSTIC AND ANC. PROCED	8	8	340.16	42.52	.002	42.52	.07
	75						
EYE APPLIANCES		212	3,555.14	16.77	.041	47.40	.70
OTHER OPTOMETRIC SERVICES	24	34	821.57	24.16	.007	34.23	.16
@CHIROPRACTOR	2	2 \$	33.44	\$ 16.72	.000 \$	16.72	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	_ 2	33.44	16.72	.000	16.72	.01
@PODIATRIST	65	72 \$	768.37	\$ 10.67	.014 \$	11.82	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	65	72	768.37	10.67	.014	11.82	.15
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	658	3,029 \$	153,282.91	\$ 50.61	.593 \$	232.95	\$ 29.99
HOSP INPATIENT TOTAL	74	333	109,788.56	329.70	.065	1483.63	21.48
HSC HOSPITALS	1	5	5,850.29	1170.06	.001	5850.29	1.14
NON-HSC HOSPITAL TOTAL	8	48	52,722.80	1098.39	.009	6590.35	10.32
ACCOMMODATIONS	8	48	21,457.09	447.02	.009	2682.14	4.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	48	21,457.09	447.02	.009	2682.14	4.20
ANCILLARIES	8	0	31,265.71	.00	.000	3908.21	6.12
INPATIENT CROSSOVERS	65	280	51,215.47	182.91	.055	787.93	10.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	613	2,696	43,494.35	16.13	.527	70.95	8.51
MEDICAL	12	12	394.05	32.84	.002	32.84	.08
SURGERY	0	0	.00	.00	.002	.00	.00
PATHOLOGY	4	11	161.74	14.70	.002	40.44	.03
RADIOLOGY	3	2	48.59	24.30	.002	24.30	.03
	4	5	178.44	35.69	.001	44.61	.03
ROOM USE	598	2,666		16.02	.522	71.42	8.36
CROSSOVERS/ALL OTH OUTPTNT	596		42,711.53				
@COUNTY HOSPITAL TOTAL	4	•	58.85	\$ 8.41	.001 \$	14.71 .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	7	58.85	8.41	.001	14.71	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	7	58.85	8.41	.001	14.71	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 200	3 THRU DEC	2003	PAGE 2,563
MOP024	FEE-FOR-SERVICE	•					01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT -	AGED	AID CODE 10			
							GE
5,111 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UN	NITS/DAYS	COST PER	COST PER

					DEI) ITMIT (D 7) 37	DED ELIC		HOED		EL TOTRE
@COMMUNITY HOSPITAL TOTAL	655	OR DAYS OF CARE 3,022	\$	153,224.06	\$	R UNIT/DAY 50.70	.591		USER 233.93		ELIGIBLE 29.98
COMM HOSP INPATIENT TOTAL	74	333	Ą	109,788.56	Ą	329.70	.065	Ą	1483.63	Ą	21.48
HSC HOSPITALS	1	5		5,850.29		1170.06	.001		5850.29		1.14
NON-HSC HOSPITALS TOTAL	Ω	48		52,722.80		1098.39	.009		6590.35		10.32
ACCOMMODATIONS	0	48		21,457.09		447.02	.009		2682.14		4.20
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.009		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	48		21,457.09		447.02	.009		2682.14		4.20
ANCILLARIES	8	0		31,265.71		.00	.009		3908.21		6.12
INPATIENT CROSSOVERS	65	280		51,215.47		182.91	.055		787.93		10.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	610	2,689		43,435.50		16.15	.526		71.21		8.50
MEDICAL	12	12		394.05		32.84	.002		32.84		.08
SURGERY	0	0		.00		.00	.002		.00		.00
PATHOLOGY	0	11		161.74		14.70	.002		40.44		.03
RADIOLOGY	2	2		48.59		24.30	.002		24.30		.01
ROOM USE	4	5		178.44		35.69	.001		44.61		.03
CROSSOVERS/ALL OTH OUTPTNT		2,659		42,652.68		16.04	.520		71.69		8.35
@STATE HOSPITAL	0	2,039	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	57	1,227	\$	184,262.84	\$	150.17	.240	\$	3232.68	\$	36.05
LEV A-INTERMEDIATE	1	61	Ą	5,161.82	Ą	84.62	.012	Ą	5161.82	Ą	1.01
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTER BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	56	1,166		179,101.02		153.60	.228		3198.23		35.04
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	~	.00	٧	.00	.000	~	.00	~	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	~	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Υ	.00	τ	.00	.000	τ.	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	14	\$	204.95	\$	14.64	.003	\$	51.24	\$.04
PATHOLOGY	1	10	•	137.86		13.79	.002	•	137.86		.03
XO AND OTHERS	3	4		67.09		16.77	.001		22.36		.01
@ORGANIZED OUTPATIENT CLINIC	83	149	\$	11,254.70	\$	75.53	.029	\$	135.60	\$	2.20
CLINIC	0	0		.00	•	.00	.000	•	.00		.00
SURGICENTER	21	25		4,484.27		179.37	.005		213.54		.88
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	62	124		6,770.43		54.60	.024		109.20		1.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES I	MONTH-OF-PAYMENT R	EPOR:	Γ FOR JAN	2003 THRU	DEC	2003	Ρ	AGE 2,564
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR CASH GR	TNA	- AGED		AID CODE					
							M				
5,111 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
ANTI OMITED DECLITEDED	F10	OR DAYS OF CARE		107 201 20		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	510	-	\$	107,391.29 45.00	\$	1.47 45.00	14.335	Ş	210.57 45.00	Þ	
DURABLE MED. EQUIP.	1	1		.00		.00	.000		.00		.01
BLOOD BANK HEARING AID DISPENSERS	6	7		1,548.26		221.18	.000		258.04		.30
MEDICAL TRANSPORTATION	35	402		2,082.27		5.18	.079		59.49		.41
AMBULANCES/AIR TRANS	3	7		375.13		53.59	.001		125.04		.07
OTHER TRANS	11	87		364.59		4.19	.017		33.14		.07
OTHER TRANS	T T	0 /		304.39		ユ・エ ク	.01/		JJ.14		. 0 /

OTHER SERVICES	23	308	1,342.55	4.36	.060	58.37	.26
ACUPUNCTURE	3	7	135.16	19.31	.001	45.05	.03
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	156	858	66,827.55	77.89	.168	428.38	13.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	86	196	2,392.87	12.21	.038	27.82	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	8	5.58	.70	.002	.80	.00
PROSTHETIST/ORTHOTISTS	2	3	55.76	18.59	.001	27.88	.01
PROSTHETICS	2	3	55.76	18.59	.001	27.88	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	.33	.33	.000	.33	.00
SPEECH AND AUDIOLOGY	6	12	3,348.05	279.00	.002	558.01	.66
HOSPICE SERVICES	4	61	6,735.17	110.41	.012	1683.79	1.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	261	71,709	24,215.29	.34	14.030	92.78	4.74
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00		\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,439	8,030	\$ 181,754.46	\$ 22.63	1.571	\$ 126.31	\$ 35.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,565 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MONITURE ATTENDACE

EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

					MON	ITHLY AVERA	GE
578 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	422	24,474 \$	311,501.83	\$ 12.73	42.343	738.16	\$ 538.93
@PHYSICIANS SERVICES	148	427 \$	15,135.47	\$ 35.45	.739	102.27	\$ 26.19
OUTPATIENT VISITS	69	99	3,061.10	30.92	.171	44.36	5.30
OFFICE VISITS	34	47	1,201.14	25.56	.081	35.33	2.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	16	1,045.83	65.36	.028	74.70	1.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	26	36	814.13	22.61	.062	31.31	1.41
INPATIENT VISITS	12	63	2,799.50	44.44	.109	233.29	4.84
HOSPITAL VISITS	10	61	2,416.96	39.62	.106	241.70	4.18
CRITICAL CARE	2	2	382.54	191.27	.003	191.27	.66
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	271.41	45.24	.010	45.24	.47
EXAMINATIONS	6	6	271.41	45.24	.010	45.24	.47
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	36	2,381.76	66.16	.062	396.96	4.12
PRINCIPAL SURGEON	5	9	1,805.52	200.61	.016	361.10	3.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	27	576.24	21.34	.047	288.12	1.00
OUTPATIENT SURGERY	12	25	2,495.97	99.84	.043	208.00	4.32
PRINCIPAL SURGEON	10	12	2,217.96	184.83	.021	221.80	3.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	278.01	21.39	.022	139.01	.48
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	7	219.74	31.39	.012	36.62	.38
RADIOLOGY	31	51	1,551.07	30.41	.088	50.03	2.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	63	140	2,354.92	16.82	.242	37.38	4.07
@PHARMACY	374	8,788	\$ 125,328.25	\$ 14.26	15.204	\$ 335.10	\$ 216.83
PRESCRIPTION DRUGS	365	1,411	112,918.29	80.03	2.441	309.37	195.36
SNF/ICF	11	94	4,561.54	48.53	.163	414.69	7.89
OUTPATIENTS	354	1,317	108,356.75	82.28	2.279	306.09	187.47
MEDICAL SUPPLIES	77	7,377	12,409.96	1.68	12.763	161.17	21.47
@DENTIST	24	140	\$ 5,045.00	\$ 36.04	.242	\$ 210.21	\$ 8.73
VISITS - DIAGNOSTIC	17	83	894.00	10.77	.144	52.59	1.55
ORAL SURGERY	5	36	1,512.00	42.00	.062	302.40	2.62
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	173.00	86.50	.003	86.50	.30
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	14	666.00	47.57	.024	166.50	1.15
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	2	4	1,800.00	450.00	.007	900.00	3.11	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	1	.00	.00	.002	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE 2,566	
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04	
EL DODADO COLDUEN	CITAMANDIA OF CEDITATION F	OD G7GII GD73I	E DI TAID	ATD CODE	7 00			

MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR	CASH GR	ANT -	BLIND		AID CODE	20			
									ONTHLY AVERA	GE	
578 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY:	S COST PER		COST PER
		OR DAYS	OF CARE		2,327.09	PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	11		29	\$	2,327.09	\$	80.24	.050	\$ 211.55	\$	4.03
DIAGNOSTIC AND ANC. PROCED	4		4	•	245.12	•	61.28	.007	61.28	•	.42
EYE APPLIANCES	10		25		2,081.97		83.28	.043	208.20		3.60
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0		Ô	Ġ	.00	\$.00	.000		Ś	
VITCITC	0		0	¥	.00	٧	.00	000	.00	Y	.00
OTHER CERTICES	0		0		.00		.00	.000	.00		.00
OLUEY SEKAICES	12		1 =	ė.	215.19	۲.		.026	\$ 16.55	۲.	
@PODIAIRISI	13		T 2	Ą	112.20	Ą	22.44	.026	22.44		.19
MEDICINE/INJECTIONS	5		5		112.20				.00		
SURGERY/ANES.	U		0		.00		.00	.000			.00
RADIO./PATHOLOGY	U		0		.00		.00	.000	.00		.00
OTHER	8		10		102.99		10.30	.017	12.87		.18
@HOME HEALTH AGENCY	9		61	Ş	4,498.36			.106	\$ 499.82		7.78
NURSE ANESTHESIST	0		0	\$.00		.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000			.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000			.00
@TOTAL HOSPITAL	96		454	\$	83,298.44	\$	183.48	.785	\$ 867.69	\$	144.11
HOSP INPATIENT TOTAL	14		112		75,612.30		675.11	.194	5400.88		130.82
HSC HOSPITALS	4		18		21,030.00		1168.33	.031	5257.50		36.38
NON-HSC HOSPITAL TOTAL	4		43		49,742.96		675.11 1168.33 1156.81 518.97 231.30	.074	12435.74		86.06
ACCOMMODATIONS	4		43		22,315.60		518.97	.074	5578.90		38.61
ADMINISTRATIVE DAYS	1		2		462.60		231.30	.003	462.60		.80
TRANSITIONAL TP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	3		41		21,853.00		533.00	.071	7284.33		37.81
ANCTI.I.ARTES	4		0		27,427.36		.00	.000	6856.84		47.45
TNDATTENT CROSSOVERS	6		51		4,839.34		94.89	.088	806.56		8.37
ALL OTHED INDATIONT	0		21		.00		.00	.000	.00		.00
HOCD OTTEDATTENT TOTAL	00		2/12		7,686.14		22.47	.592			
MEDICAL	00		10		292.99		24.42	.021	87.34 36.62		.51
MEDICAL	0		1		292.99				30.02		.17
SURGERY	1		1		97.49		97.49	.002	97.49		
PATHOLOGY	21		/9		1,084.26		13.72	.137	51.63		1.88
RADIOLOGY	13		15		882.24		58.82	.026	67.86		1.53
ROOM USE	4.3		84		2,839.76		33.81	.145	66.04		4.91
CROSSOVERS/ALL OTH OUTPTNT	42		151		2,489.40			.261	59.27		4.31
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000		\$.00
### STABLIGIBLES #### STABLIGIBLES ###################################	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		Ō		.00		.00	.000	.00		.00
ALL OTHER INPATTENT	0		Ô		.00		.00	.000	.00		.00
CO HOSP OUTPATTENT TOTAL	n		ñ		.00		.00	.000	.00		.00
MEDICAL.	n		ñ		.00		.00	.000	.00		.00
. 1112 1 (1 111	· ·		J		.00		.00	.000	.00		. 50

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	-	· ·	70 140					\ \ \		ъ.	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES MO	NIH-OF-PAYMENT RE	EPORT.	FOR JAN 2	2003 THRU 1)EC	2003	P	AGE 2,567
MOP024	FEE-FOR-SERVICE			DI TAID		ATD CODE	2.0				01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	AN.I. –	BLIND		AID CODE		``		aп	
E70 ELICIPIEC	HOEDG	INTEG OF CERTICE			7 7 7 7 7 7		M(
578 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	5 (COST PER		COST PER
	0.5	OR DAYS OF CARE		02 000 44			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	96	454	\$	83,298.44	\$	183.48	.785	Ş	867.69	\$	
COMM HOSP INPATIENT TOTAL	14	112		75,612.30		675.11	.194		5400.88		130.82
HSC HOSPITALS	4	18		21,030.00		1168.33	.031		5257.50		36.38
NON-HSC HOSPITALS TOTAL	4	43		49,742.96		1156.81	.074		12435.74		86.06
ACCOMMODATIONS	4	43		22,315.60		518.97	.074		5578.90		38.61
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.003		462.60		.80
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	41		21,853.00		533.00	.071		7284.33		37.81
ANCILLARIES	4	0		27,427.36		.00	.000		6856.84		47.45
INPATIENT CROSSOVERS	6	51		4,839.34		94.89	.088		806.56		8.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	88	342		7,686.14		22.47	.592		87.34		13.30
MEDICAL	8	12		292.99		24.42	.021		36.62		.51
SURGERY	1	1		97.49		97.49	.002		97.49		.17
PATHOLOGY	21	79		1,084.26		13.72	.137		51.63		1.88
RADIOLOGY	13	15		882.24		58.82	.026		67.86		1.53
ROOM USE	43	84		2,839.76		33.81	.145		66.04		4.91
CROSSOVERS/ALL OTH OUTPTNT	42	151		2,489.40		16.49	.261		59.27		4.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000	•	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	293	\$	40,466.14	\$	138.11	.507	\$	8093.23	\$	70.01
LEV A-INTERMEDIATE	0	0	т	.00	т.	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	293		40,466.14		138.11	.507		8093.23		70.01
@INTERMEDIATE CARE FACILDD	0	293	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Ÿ	.00	ų	.00	.000	ų	.00	ې	.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
	U	0		.00					.00		.00
ICF DDN/DDCN	U	0	\$.00	٠,	.00	.000	۲.		۲,	.00
@HEMODIALYSIS TOTAL	0	0	Ą	.00	\$.00	.000	\$.00	\$	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 28 541.91 19.35 .048 \$ 135.48 \$.94 @REHABILITATION FACILITY HOSPITAL BASED 0 .00 .00 .000 .00 .00 541.91 INDEPENDENT FACILITY 28 19.35 .048 135.48 .94 @LABORATORY FACILITY 70 962.79 13.75 .121 \$ 96.28 \$ 1.67 10 96.28 PATHOLOGY 10 70 962.79 13.75 .121 1.67 XO AND OTHERS 0 0 .00 .00 .000 .00 .00 @ORGANIZED OUTPATIENT CLINIC 22 29 2,717.32 93.70 .050 \$ 123.51 \$ 4.70 CLINIC 1 3 98.52 32.84 .005 98.52 .17 .00 0 0 .00 .000 .00 SURGICENTER .00 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC RURAL HEALTH CLINIC 21 26 2,618.80 100.72 .045 124.70 4.53

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,568
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND

					MOI	THLY AVERA	GE
578 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	72	14,140 \$	30,965.87	\$ 2.19	24.464	430.08	\$ 53.57
DURABLE MED. EQUIP.	5	24	16,115.46	671.48	.042	3223.09	27.88
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	653.20	653.20	.002	653.20	1.13
MEDICAL TRANSPORTATION	15	293	2,296.82	7.84	.507	153.12	3.97
AMBULANCES/AIR TRANS	13	253	2,236.34	8.84	.438	172.03	3.87
OTHER TRANS	1	8	39.61	4.95	.014	39.61	.07
OTHER SERVICES	1	32	20.87	.65	.055	20.87	.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	20	97	7,750.21	79.90	.168	387.51	13.41
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	74.04	12.34	.010	24.68	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	168.00	168.00	.002	168.00	.29
PROSTHETICS	1	1	168.00	168.00	.002	168.00	. 29
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6	1,037.10	172.85	.010	259.28	1.79
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	13,712	2,871.04	.21	23.723	102.54	4.97
@CALIF. CHILDREN SERVICES*	19	175 \$	34,718.81	\$ 198.39	.303	1827.31	\$ 60.07
@XOVER EXCLUDING STATE HOSP**	93	354 \$	9,466.23	\$ 26.74	.612	101.79	\$ 16.38
@* TOTALS IN THESE LINES ARE GIV	'EN AS A SEPAR <i>i</i>	ATE INFORMATION ITEM C	NLY;				
THE AMOUNTS ARE ALREADY INCLU	DED IN THE API	PROPRIATE DETAIL LINES	B ABOVE.				

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 2,569 FEE-FOR-SERVICE/DENTAL 01/29/04 MOP024 EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

HE DOIGHO COUNTI	DOMINIME OF DELL	VICED ION CHEN GRANT		TITD CODE	0.0		
					MON	THLY AVERA	GE
27,314 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	20,390	554,016 \$	13,829,781.52	\$ 24.96	20.283	678.26	\$ 506.33
@PHYSICIANS SERVICES	6,520	21,225 \$	806,485.31	\$ 38.00	.777 \$	123.69	\$ 29.53
OUTPATIENT VISITS	3,525	5,233	207,419.69	39.64	.192	58.84	7.59
OFFICE VISITS	2,143	2,849	93,750.81	32.91	.104	43.75	3.43
HOME VISITS	2	2	114.40	57.20	.000	57.20	.00
EMERGENCY ROOM	1,227	1,578	94,266.67	59.74	.058	76.83	3.45
PREVENTIVE CARE	2	2	109.63	54.82	.000	54.82	.00
OB VISITS/COMPRE PERI	21	37	2,108.50	56.99	.001	100.40	.08
OTHER OUTPATIENT	615	765	17,069.68	22.31	.028	27.76	.62
INPATIENT VISITS	359	1,715	96,784.12	56.43	.063	269.59	3.54
HOSPITAL VISITS	321	1,458	68,730.16	47.14	.053	214.11	2.52
CRITICAL CARE	35	193	25,795.28	133.65	.007	737.01	.94
SNF/ICF/TRANS IP CARE	32	64	2,258.68	35.29	.002	70.58	.08
OPHTHALMOLOGICAL SERVICES	87	100	4,323.72	43.24	.004	49.70	.16
EXAMINATIONS	76	84	3,843.72	45.76	.003	50.58	.14
SERVICES AND MATERIALS	16	16	480.00	30.00	.001	30.00	.02
INPATIENT HOSPITAL SURGERY	181	1,314	79,409.27	60.43	.048	438.73	2.91
PRINCIPAL SURGEON	128	185	58,804.24	317.86	.007	459.41	2.15

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	13	13	2,195.70	168.90	.000	168.90	.08
ANESTHESIOLOGIST	75	1,116	18,409.33	16.50	.041	245.46	.67
OUTPATIENT SURGERY	551	1,579	105,541.72	66.84	.058	191.55	3.86
PRINCIPAL SURGEON	469	623	85,398.56	137.08	.023	182.09	3.13
ASSISTANT SURGEON	3	3	183.54	61.18	.000	61.18	.01
ANESTHESIOLOGIST	120	953	19,959.62	20.94	.035	166.33	.73
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	460	855	21,688.24	25.37	.031	47.15	.79
RADIOLOGY	1,356	2,728	127,269.23	46.65	.100	93.86	4.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	98	1,003	39,560.27	39.44	.037	403.68	1.45
OTHER SERVICES/ALL X-OVERS	2,647	6,698	124,489.05	18.59	.245	47.03	4.56
@PHARMACY	17,091	261,306 \$	6,640,869.62	\$ 25.41	9.567	\$ 388.56	\$ 243.13
PRESCRIPTION DRUGS	16,929	68,842	6,449,674.12	93.69	2.520	380.98	236.13
SNF/ICF	195	1,377	86,455.43	62.79	.050	443.36	3.17
OUTPATIENTS	16,768	67,465	6,363,218.69	94.32	2.470	379.49	232.97
MEDICAL SUPPLIES	1,516	192,464	191,195.50	.99	7.046	126.12	7.00
@DENTIST	1,809	7,498 \$	406,685.15	\$ 54.24	.275		
VISITS - DIAGNOSTIC	1,119	3,833	56,439.02	14.72	.140	50.44	2.07
ORAL SURGERY	246	672	35,040.84	52.14	.025	142.44	1.28
DRUGS	3	3	.00	.00	.000	.00	.00
ANESTHESIA	5	5	500.00	100.00	.000	100.00	.02
PERIODONTICS	154	168	17,601.05	104.77	.006	114.29	.64
ENDODONTICS	158	267	66,271.00	248.21	.010	419.44	2.43
RESTORATIVE DENTISTRY	620	1,859	163,591.44	88.00	.068	263.86	5.99
PROSTHETICS	15	15	300.00	20.00	.001	20.00	.01
DENTURES, STAYPLATES	161	584	62,551.80	107.11	.021	388.52	2.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	6	6	550.00	91.67	.000	91.67	.02
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.01
ORTHODONTIC SERVICES	27	64	3,625.00	56.64	.002	134.26	.13
ALL OTHER SERVICES	23	21	75.00	3.57	.001	3.26	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	23 MEDI-CAL SERVI	21 CES AND EXPENDITURES	75.00	3.57	.001	3.26	.00 PAGE 2,570
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	23 MEDI-CAL SERVI FEE-FOR-SERVIC	21 CES AND EXPENDITURES E/DENTAL	75.00 MONTH-OF-PAYMENT RI	3.57 EPORT FOR JAN	.001 2003 THRU D	3.26	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	23 MEDI-CAL SERVI FEE-FOR-SERVIC	21 CES AND EXPENDITURES	75.00 MONTH-OF-PAYMENT RI	3.57	.001 2003 THRU D	3.26 EC 2003	.00 PAGE 2,570 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	23 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	21 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN	75.00 MONTH-OF-PAYMENT RI T - DISABLED	3.57 EPORT FOR JAN AID CODE	.001 2003 THRU D 60	3.26 EC 2003 NTHLY AVERA	.00 PAGE 2,570 01/29/04 GE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	23 MEDI-CAL SERVI FEE-FOR-SERVIC	21 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE	75.00 MONTH-OF-PAYMENT RI	3.57 EPORT FOR JAN AID CODE AVERAGE COST	.001 2003 THRU D 60 MO UNITS/DAYS	3.26 EC 2003 NTHLY AVERA COST PER	.00 PAGE 2,570 01/29/04 GE COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES	23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	21 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG	3.26 EC 2003 NTHLY AVERA COST PER USER	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST	23 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652	21 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 \$	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG .070	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	23 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 325	21 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 \$ 331	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64 15,083.52	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75 45.57	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG .070 .012	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61 46.41	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52 .55
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER USERS 652 325 518	Z1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 \$ 331 1,482	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64 15,083.52 24,251.37	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75 45.57 16.36	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG .070 .012 .054	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61 46.41 46.82	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52 .55 .89
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER USERS 652 325 518 66	Z1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 \$ 331 1,482 94	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64 15,083.52 24,251.37 2,135.75	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75 45.57 16.36 22.72	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG .070 .012 .054 .003	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61 46.41 46.82 32.36	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52 .55 .89 .08
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER USERS 652 325 518 66 16	Z1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 \$ 331 1,482 94 30 \$	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64 15,083.52 24,251.37 2,135.75 455.62	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75 45.57 16.36 22.72 \$ 15.19	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG .070 .012 .054 .003 .001	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61 46.41 46.82 32.36 \$ 28.48	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52 .55 .89 .08 \$.02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER USERS 652 325 518 66 16 16	Z1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 \$ 331 1,482 94 30 \$ 30	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64 15,083.52 24,251.37 2,135.75 455.62 455.62	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75 45.57 16.36 22.72 \$ 15.19 15.19	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG .070 .012 .054 .003 .001	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61 46.41 46.82 32.36 \$ 28.48 28.48	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52 .55 .89 .08 \$.02 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 652 325 518 66 16 16 16 0	Z1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 \$ 331 1,482 94 30 \$ 30 0	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64 15,083.52 24,251.37 2,135.75 455.62 455.62 .00	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75 45.57 16.36 22.72 \$ 15.19 15.19 .00	.001 2003 THRU D 60 MO. UNITS/DAYS PER ELIG .070 .012 .054 .003 .001 .001	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61 46.41 46.82 32.36 \$ 28.48 28.48 .00	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52 .55 .89 .08 \$.02 .02 .00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	23 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 325 518 66 16 16 16 19 19 19	Z1 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 \$ 331 1,482 94 30 \$ 30 0 162 \$ 21 1	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64 15,083.52 24,251.37 2,135.75 455.62 455.62 455.62 690.80 13.00	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75 45.57 16.36 22.72 \$ 15.19 15.19 .00 \$ 17.45 32.90 13.00	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG .070 .012 .054 .003 .001 .001 .000	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61 46.41 46.82 32.36 \$ 28.48 28.48 0.00 \$ 25.93 36.36 13.00	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52 .55 .89 .08 \$.02 .02 .00 \$.10 .03 .00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	23 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 325 518 66 16 16 10 109 19 1 1 100 100 0	21 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 \$ 331 1,482 94 30 \$ 30 0 162 \$ 21 1 2 138 2,245 \$ 71 \$ 0 \$	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64 15,083.52 24,251.37 2,135.75 455.62 455.62 00 2,826.24 690.80 13.00 34.60 2,087.84 95,767.78 371.81 .00	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG .070 .012 .054 .003 .001 .001 .000 .006 .001 .000 .006 .001 .000 .005 .082 .003	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61 46.41 46.82 32.36 \$ 28.48 28.48 .00 \$ 25.93 36.36 13.00 34.60 22.94 \$ 957.68 \$ 37.18 \$.00	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52 .55 .89 .08 \$.02 .00 \$.10 .03 .00 .00 .00 .00 .08 \$ 3.51 \$.01
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	23 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 325 518 66 16 16 10 109 19 1 1 1 91 100 10 0 0 8 7 5,438 436	21 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 \$ 331 1,482 94 30 \$ 30 0 162 \$ 21 1 2 138 2,245 \$ 71 \$ 0 \$ 16 \$ 29,397 \$ 2,338	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64 15,083.52 24,251.37 2,135.75 455.62 455.62 455.62 690.80 13.00 2,826.24 690.80 13.00 34.60 2,087.84 95,767.78 371.81 000 350.23 3,979,586.39 3,294,005.82	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75 45.57 16.36 22.72 \$ 15.19 15.19 .00 \$ 17.45 32.90 13.00 17.30 15.13 \$ 42.66 \$ 5.24 \$.00 \$.00 \$ 21.89 \$ 135.37 1408.90	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG .070 .012 .054 .003 .001 .001 .000 .006 .001 .000 .000 .005 .082 .003 .000 .005 .082 .003 .000 .000 .001	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61 46.41 46.82 32.36 \$ 28.48 28.48 0.00 \$ 25.93 36.36 13.00 34.60 22.94 \$ 957.68 \$ 37.18 \$ 000 \$ 38.91 \$ 731.81 7555.06	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52 .55 .89 .08 \$.02 .00 \$.10 .03 .00 .00 .08 \$ 3.51 \$.01 \$.00 \$.00 \$.01 \$.00 \$.01 \$.00 \$.00 \$.01 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	23 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 325 518 66 16 10 109 19 1 1 100 10 0 8 5,438 436 75	21 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 331 1,482 94 30 0 162 21 1 2 138 2,245 71 \$ 0 \$ 16 29,397 2,338 542	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64 15,083.52 24,251.37 2,135.75 455.62 455.62 455.62 455.62 456.24 690.80 13.00 34.60 2,087.84 95,767.78 371.81 000 000 350.23 3,979,586.39 3,294,005.82 759,601.50	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75 45.57 16.36 22.72 \$ 15.19 15.19 .00 \$ 17.45 32.90 13.00 17.30 15.13 \$ 42.66 \$ 5.24 \$.00 \$.00 \$ 21.89 \$ 135.37 1408.90 1401.48	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG .070 .012 .054 .003 .001 .001 .000 .006 .001 .000 .005 .082 .003 .000 .005 .082 .003 .000 .005 .082 .003 .000 .005	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61 46.41 46.82 32.36 \$ 28.48 28.48 .00 \$ 25.93 36.36 13.00 34.60 22.94 \$ 957.68 \$ 37.18 \$.00 \$ 38.91 \$ 731.81 7555.06 10128.02	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52 .55 .89 .08 \$.02 .02 .00 \$.10 .03 .00 .00 .00 .08 \$ 3.51 \$.01 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.01 \$.00 \$.00 \$.01 \$.00 \$.00 \$.01 \$.00 \$.00 \$.01 \$.00 \$.00 \$.01 \$.00 \$.00 \$.01 \$.00 \$.00 \$.01 \$.00 \$.00 \$.01 \$.00 \$.00 \$.01 \$.00 \$.01 \$.00 \$.01 \$.00 \$.01 \$.00 \$.01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 27,314 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	23 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 325 518 66 16 16 10 109 19 1 1 1 91 100 10 0 0 8 7 5,438 436	21 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRAN UNITS OF SERVICE OR DAYS OF CARE 1,907 \$ 331 1,482 94 30 \$ 30 0 162 \$ 21 1 2 138 2,245 \$ 71 \$ 0 \$ 16 \$ 29,397 \$ 2,338	75.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 41,470.64 15,083.52 24,251.37 2,135.75 455.62 455.62 455.62 690.80 13.00 2,826.24 690.80 13.00 34.60 2,087.84 95,767.78 371.81 000 350.23 3,979,586.39 3,294,005.82	3.57 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.75 45.57 16.36 22.72 \$ 15.19 15.19 .00 \$ 17.45 32.90 13.00 17.30 15.13 \$ 42.66 \$ 5.24 \$.00 \$.00 \$ 21.89 \$ 135.37 1408.90	.001 2003 THRU D 60 MO UNITS/DAYS PER ELIG .070 .012 .054 .003 .001 .001 .000 .006 .001 .000 .000 .005 .082 .003 .000 .005 .082 .003 .000 .000 .001	3.26 EC 2003 NTHLY AVERA COST PER USER \$ 63.61 46.41 46.82 32.36 \$ 28.48 28.48 0.00 \$ 25.93 36.36 13.00 34.60 22.94 \$ 957.68 \$ 37.18 \$ 000 \$ 38.91 \$ 731.81 7555.06	.00 PAGE 2,570 01/29/04 GE COST PER ELIGIBLE \$ 1.52 .55 .89 .08 \$.02 .00 \$.10 .03 .00 .00 .08 \$ 3.51 \$.01 \$.00 \$.00 \$.01 \$.00 \$.01 \$.00 \$.01 \$.00 \$.01 \$.00 \$.01

ADMINISTRATIVE DAYS	7	75	17,347.50	231.30	.003	2478.21	.64
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	212	1,239	717,415.42	579.03	.045	3384.04	26.27
ANCILLARIES	215	0	1,683,745.34	.00	.000	7831.37	61.64
INPATIENT CROSSOVERS	149	482	115,896.06	240.45	.018	777.83	4.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,206	27,059	685,580.57	25.34	.991	131.69	25.10
MEDICAL	816	1,412	45,091.10	31.93	.052	55.26	1.65
SURGERY	283	307	13,334.98	43.44	.011	47.12	.49
PATHOLOGY	2,075	10,234	125,253.33	12.24	.375	60.36	4.59
RADIOLOGY	1,249	1,934	159,028.62	82.23	.071	127.32	5.82
ROOM USE	2,131	3,671	134,018.81	36.51	.134	62.89	4.91
CROSSOVERS/ALL OTH OUTPTNT	2,543	9,501	208,853.73	21.98	.348	82.13	7.65
@COUNTY HOSPITAL TOTAL	16	48	\$ 23,722.89	\$ 494.23	.002	\$ 1482.68	\$.87
CO HOSPITAL INPATIENT TOTAL	3	21	22,358.00	1064.67	.001	7452.67	.82
HSC HOSPITALS	3	21	22,358.00	1064.67	.001	7452.67	.82

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ACCOMPODATIONS	0 0 0 0 0 0 13 5	0							
ADMINISTRATIVE DAYS	U			.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	10		1 0				.00		
CO HOSP OUTPATIENT TOTAL	13	27	1,36		50.55	.001	104.99		.05
MEDICAL	5	5	11	.3.25	22.65	.000	22.65		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	3		0.19	16.73	.000	50.19		.00
RADIOLOGY	2	3		31.14	27.05	.000	40.57		.00
	6	5		7.40	34.57	.000	34.57		.01
ROOM USE	6	10							
CROSSOVERS/ALL OTH OUTPTNT		10		2.91	91.29	.000	182.58		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MONTH-OF-PAYN	IENT RE	PORT FOR JAN	2003 THRU D	EC 2003		E 2,571
MOP024	FEE-FOR-SERVICE	C/DENTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	CES FOR CASH GRAN	JT - DISABLED		AID CODE	: 60			
22 2011120 0001111	Dollari of Deliv	1020 1011 011011 01111	.1 21818222		1122 0022		NTHLY AVERA	CF	
27 214 BLIGIDIES	USERS	INITES OF SERVICE	EADENDI	TIDEC	ATTED A CE COCE				
		UNITS OF SERVICE	EXPENDIT	URES	AVERAGE COST				ST PER
@COMMUNITY HOSPITAL TOTAL		OR DAYS OF CARE			PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	5,428	29,349	3,955,86	3.50	\$ 134.79	1.075	\$ 728.79	\$	144.83
COMM HOSP INPATIENT TOTAL	434	2,317	3,271,64	17.82	1412.02	.085	7538.36		119.78
HSC HOSPITALS	72	521	737,24	13.50	1415.05	.019	10239.49		26.99
MON-HSC HOSDITALS TOTAL	215		2,418,50		1840.57	.048	11248.88		88.54
ACCOMMODATIONS	213	1,314 1,314	734,76		559.18	.048	3433.47		26.90
ACCOMMODATIONS	214	1,314 75 0 1,239							
ADMINISTRATIVE DAYS	/	/5	17,34		231.30	.003	2478.21		.64
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	212	1,239	717,41	5.42	579.03	.045	3384.04		26.27
ANCILLARIES	215	0	1,683,74	15.34	.00	.000	7831.37		61.64
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	149	1,235 0 482 0 27,032	115,89		240.45	.018	777.83		4.24
ALL OTHER INDATTENT	110	0	113,02	.00	.00	.000	.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	- 100	27 222	604 01						
COMM HOSP OUTPATIENT TOTAL	5,198	27,032	684,21		25.31	.990	131.63		25.05
THEFTCHE	812 283	1,70/	44,97	77.85	31.97	.052	55.39		1.65
SURGERY	283	307	13,33	34.98	43.44	.011	47.12		.49
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	2,074	10,231	125,20		12.24	.375	60.37		4.58
RADIOLOGY	1 248	1,931	158,94		82.31	.071	127.36		5.82
POOM HCE	2 127	3,665	133,81		36.51	.134	62.91		4.90
CDOCCOVEDC /ALL OWN OLUDINE	2,127	9,491					81.90		
CROSSOVERS/ALL OIH OUIPINI	4,539	9,491	207,94		21.91	.347			7.61
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000		Ş	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	120	3,373	523,27	77.81	\$ 155.14	.123	\$ 4360.65	Ś	19.16
T.EV A-TNTERMEDIATE	0	0	, , , , , ,	.00	.00	.000	.00	т	.00
TEV D DENID MD	6	0 211 50 75 0	26,26		124.46	.008	4376.76		.96
LEV D-KERAD MU	0	211							
LEV B-SUBACUTE FREESTANDING	2	50	19,43		388.69	.002	9717.33		.71
LEV B-SUBACUTE HSPTL BASED	2	75	43,30	9.95	577.47	.003	21654.98		1.59
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	110	3,037	434,27	72.66	142.99	.111	3947.93		15.90
@INTERMEDIATE CARE FACILDD	1	. 29		0.91	\$ 182.79	.001		Ś	.19
ICF DDH	0	0	3,30	.00		.000	.00	٧	.00
	•				.00				
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	1	29		0.91	182.79	.001	5300.91		.19
@HEMODIALYSIS TOTAL	27	32	15,78		\$ 493.31	.001		\$.58
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	27	32	15,78		493.31	.001	584.66		.58
@REHABILITATION FACILITY	79		18,99		\$ 15.09	.046		Ś	.70
	10				•			۲	
HOSPITAL BASED		21		75.74	51.23	.001	107.57		.04
INDEPENDENT FACILITY	69	1,238	17,91		14.47	.045	259.66	4.	.66
@LABORATORY FACILITY	563	2,687	36,70	2.90	\$ 13.66	.098	\$ 65.19	\$	1.34

PATHOLOGY	556	2,678		36,525.62		13.64	.098		65.69		1.34
VO AND OFFIEDO	7	9		177.28		19.70	.000		25.33		.01
@ORGANIZED OUTPATIENT CLINIC	2.211	4,223	\$	496,911.54	\$	117.67	.155	\$	224.75	\$	18.19
CLINIC	82	209	т	4,273.32	-7	20.45	.008	т	52.11	т.	.16
SURGICENTER	66	249		12,453.58		50.01	.009		188.69		.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,082	3,765		480,184.64		127.54	.138		230.64		17.58
			ES N	MONTH-OF-PAYMENT R	EPORT			EC		PI	AGE 2,572
MOP024	FEE-FOR-SERVICE										01/29/04
EL DORADO COUNTY		ICES FOR CASH GRA	ANT	- DISABLED		AID CODE	60				
							MO	NT	HLY AVERAG	GE -	
27,314 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	(COST PER	(COST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER	J	ELIGIBLE
@ALL OTHER PROVIDERS	2,767	218,556	\$	757,941.44	\$	3.47	8.002	\$	273.92	\$	27.75
DURABLE MED. EQUIP.	301	1,417	•	226,728.55	•	160.01	.052	•	753.25	·	8.30
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	9	11		1,690.70		153.70	.000		187.86		.06
MEDICAL TRANSPORTATION	567	17,847		99,998.54		5.60	.653		176.36		3.66
AMBULANCES/AIR TRANS	509	5,665		66,413.47		11.72	.207		130.48		2.43
OTHER TRANS	18	11,368		20,362.55		1.79	.416		1131.25		.75
OTHER SERVICES	49	814		13,222.52		16.24	.030		269.85		.48
ACUPUNCTURE	10	33		600.12		18.19	.001		60.01		.02
ADULT DAY HEALTH CARE CTR	36	593		41,200.83		69.48	.022		1144.47		1.51
CEMETTO DICENCE TECTING	3	3		315.00		105.00	.000		105.00		.01
IHMC, MODEL-NF, NF, AIDS, MSSP	144	1,269		78,186.64		61.61	.046		542.96		2.86
OCCUPATIONAL THERAPIST	2	5		103.00		20.60	.000		51.50		.00
OPTICIAN	489	1,057		11,617.97		10.99	.039		23.76		. 43
	•	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	5	9		57.22		6.36	.000		11.44		.00
PROSTHETIST/ORTHOTISTS	60	181		23,991.22		132.55	.007		399.85		.88
PROSTHETICS	60	181		23,991.22		132.55	.007		399.85		.88
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	288	754		32,919.28		43.66	.028		114.30		1.21
HOSPICE SERVICES	13	291		35,024.50		120.36	.011		2694.19		1.28
NONINST BIRTHING CENTERS	0 5 60 0 0 288 13 0 337 0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	337	14,891		85,918.40		5.77	.545		254.95		3.15
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	700	180,195		119,589.47		.66	6.597		170.84		4.38
@CALIF. CHILDREN SERVICES*	366	12,957	\$	903,838.77	\$	69.76		\$	2469.50	\$	33.09
@XOVER EXCLUDING STATE HOSP**	3,206	20,533	\$	354,163.33	\$	17.25	.752	S	110.47	Ś	12.97
@* TOTALS IN THESE LINES ARE		ATE INFORMATION IT			•						
THE AMOUNTS ARE ALREADY IN											
** THESE DATA ARE INCLUDED I											
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT R	EPOR:	FOR JAN 2	2003 THRU D	EC	2003	PI	AGE 2,573
MOP024	FEE-FOR-SERVICE						_				01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-3	33 3	35 40 42 3A-3M 3P	3R 3t	J 3W 4C-4G					

28,610 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 14,363 72,591 \$ 4,012,810.57 \$ 55.28 2.537 \$ 279.39 \$ 140.26 .448 \$ 104.36 \$ @PHYSICIANS SERVICES 5,730 12,804 597,993.21 46.70 20.90 6,077 OUTPATIENT VISITS 4,590 245,694.90 40.43 .212 53.53 8.59 .110 2,536 3,136 110,512.47 35.24 43.58 3.86 OFFICE VISITS HOME VISITS 1 1 37.42 37.42 .000 37.42 .00 1,874 2,181 106,589.62 56.88 3.73 EMERGENCY ROOM 48.87 .076 .001 PREVENTIVE CARE 33 33 1,532.63 46.44 46.44 .05 140 OB VISITS/COMPRE PERI 230 16,374.40 71.19 .008 116.96 .57

----- MONTHLY AVERAGE -----

OTHER OUTPATIENT	412	496	10,648.36	21.47	.017	25.85		.37
INPATIENT VISITS	210	683	38,914.66	56.98	.024	185.31		1.36
HOSPITAL VISITS	205	570	26,208.35	45.98	.020	127.85		.92
CRITICAL CARE	19	112	12,634.21	112.81	.004	664.96		. 44
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10		.00
OPHTHALMOLOGICAL SERVICES	39	48	2,073.48	43.20	.002	53.17		.07
EXAMINATIONS	38	44	1,953.48	44.40	.002	51.41		.07
SERVICES AND MATERIALS	4	4	120.00	30.00	.000	30.00		.00
	213		125,539.47		.035			4.39
INPATIENT HOSPITAL SURGERY		1,008		124.54		589.39		
PRINCIPAL SURGEON	158	237	106,654.66	450.02	.008	675.03		3.73
ASSISTANT SURGEON	17	17	2,965.00	174.41	.001	174.41		.10
ANESTHESIOLOGIST	66	754	15,919.81	21.11	.026	241.21		.56
OUTPATIENT SURGERY	438	1,238	76,452.87	61.76	.043	174.55		2.67
PRINCIPAL SURGEON	355	447	59,556.24	133.24	.016	167.76		2.08
ASSISTANT SURGEON	2	2	153.39	76.70	.000	76.70		.01
	111	789	16,743.24					.59
ANESTHESIOLOGIST				21.22	.028	150.84		
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	566	753	13,671.26	18.16	.026	24.15		.48
RADIOLOGY	939	1,310	49,712.27	37.95	.046	52.94		1.74
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	97	221	15,665.65	70.89	.008	161.50		.55
OTHER SERVICES/ALL X-OVERS	417	1,466	30,268.65	20.65	.051	72.59		1.06
							4 6	
@PHARMACY	6,960	21,586 \$	821,562.63	\$ 38.06	.754 \$	118.04		28.72
PRESCRIPTION DRUGS	6,923	15,501	812,491.44	52.42	.542	117.36		28.40
SNF/ICF	22	131	7,408.25	56.55	.005	336.74		.26
OUTPATIENTS	6,907	15,370	805,083.19	52.38	.537	116.56	2	28.14
MEDICAL SUPPLIES	127	6,085	9,071.19	1.49	.213	71.43		.32
@DENTIST	2,108	9,845 \$	371,596.95	\$ 37.74	.344 \$	176.28	\$ 1	12.99
VISITS - DIAGNOSTIC	1,436	6,003	92,983.00	15.49	.210	64.75	Υ =	3.25
ORAL SURGERY	248	521	30,649.00	58.83	.018	123.58		1.07
DRUGS	16	19	365.00	19.21	.001	22.81		.01
ANESTHESIA	5	5	500.00	100.00	.000	100.00		.02
PERIODONTICS	66	68	6,542.00	96.21	.002	99.12		.23
ENDODONTICS	194	348	60,991.00	175.26	.012	314.39		2.13
RESTORATIVE DENTISTRY	822	2,611	161,957.50	62.03	.091	197.03		5.66
PROSTHETICS	2	2	60.00	30.00	.000	30.00		.00
DENTURES, STAYPLATES	22	104	8,002.45	76.95	.004	363.75		.28
	15	20						
SPACE MAINTAINERS			2,062.00	103.10	.001	137.47		.07
MAXILLOFACIAL SERVICES	2	2	350.00	175.00	.000	175.00		.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	73	98	6,685.00	68.21	.003	91.58		.23
ALL OTHER SERVICES	48	44	450.00	10.23	.002	9.38		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MOI		EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE	2,574
MOP024	FEE-FOR-SERVICE		01 11111111111111111		220	2000		L/29/04
EL DORADO COUNTY		ICES FOR CGF 30-33 35	10 12 27 2M 2D 1	2D 2II 2W 4C 4C			0 1	1/20/01
EL DORADO COUNTI	SUMMARI OF SERV	ICES FOR CGF 30-33 33	40 42 3A-3M 3P .	3K 3U 3W 4C-4G	MONT	TIT 37 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3.0	
00 610 51 56151 56				111771 GT GOGT	MONT			
28,610 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		Γ PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		GIBLE
@OPTOMETRIST	458	1,325 \$	30,377.39	\$ 22.93	.046 \$	66.33	\$	1.06
DIAGNOSTIC AND ANC. PROCED	343	346	16,012.03	46.28	.012	46.68		.56
EYE APPLIANCES	344	972	14,145.25	14.55	.034	41.12		.49
OTHER OPTOMETRIC SERVICES	7	7	220.11	31.44	.000	31.44		.01
CTITIL OF TOURTHEE DRIVATORD	,		220.11	. J II	. 000	21.11		• • •

						110	J	11111 1111111	LOL	
28,610 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	458	1,325	\$ 30,377.39	\$	22.93	.046	\$	66.33	\$	1.06
DIAGNOSTIC AND ANC. PROCED	343	346	16,012.03		46.28	.012		46.68		.56
EYE APPLIANCES	344	972	14,145.25		14.55	.034		41.12		.49
OTHER OPTOMETRIC SERVICES	7	7	220.11		31.44	.000		31.44		.01
@CHIROPRACTOR	7	19	\$ 300.96	\$	15.84	.001	\$	42.99	\$.01
VISITS	7	19	300.96		15.84	.001		42.99		.01
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	9	13	\$ 480.92	\$	36.99	.000	\$	53.44	\$.02
MEDICINE/INJECTIONS	8	11	373.18		33.93	.000		46.65		.01
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	1	2	107.74		53.87	.000		107.74		.00

@HOME HEALTH AGENCY	15	37 \$	2,253.62	\$ 60.91	.001 \$	150.24	\$.08
NURSE ANESTHESIST	6	52 \$	743.55	\$ 14.30	.002 \$	123.93	\$.03
NURSE MIDWIFE	5	46 Š	2,435.48	\$ 52.95	.002 \$		\$.09
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	0	52 \$ 46 \$ 0 \$ 13 \$ 14,570 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE DRACTITIONER	9	13 \$	354.37	\$ 27.26	.000 \$		
@TOTAL HOSPITAL	2 661	14,570 \$	1,651,570.95	\$ 113.35	.509 \$		
WIGHT HOSPITAL	3,001	14,570 \$					
HOSP INPATIENT TOTAL	213	868	1,298,654.12	1496.15	.030	6096.97	45.39
HSC HOSPITALS	55	240	301,989.12	1258.29	.008	5490.71	10.56
NON-HSC HOSPITAL TOTAL	160	628	996,665.00	1587.05	.022	6229.16	34.84
ACCOMMODATIONS	155	628	318,099.68	506.53	.022	2052.26	11.12
ADMINISTRATIVE DAYS	2	32	7,401.60	231.30	.001	3700.80	.26
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	153	596	310,698.08	521.31	.021	2030.71	10.86
ANCTI.I.ARTES	160	0	678,565.32	.00	.000	4241.03	23.72
TNDATTENT CDOCCOVEDC	100	0	.00	.00	.000	.00	.00
ALL OWIED INDAMENT	0	0	.00	.00	.000	.00	.00
ALL OIRER INPAILENT	2 504	32 0 596 0 0 13,702					
HOSP OUTPATIENT TOTAL	3,584	13,702	352,916.83 19,400.42	25.76	.479	98.47	12.34
MEDICAL	5.79	022			.029	33.51	.68
SURGERY	300	348	11,852.75	34.06	.012	39.51	.41
PATHOLOGY	1,390	5,027 1,105	71,852.75	14.08	.176	50.92	2.47
RADIOLOGY	888	1,195 3,776	71,208.64	59.59	.042	80.19	2.49
ROOM USE	2,673	3,776	141,371.37	37.44	.132	52.89	4.94
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	1.284	3,776 2,534 59 \$ 19 0 0 0 0 0 0 0 40 5 3 5 12	38,305.84	15.12	.089	29.83	1.34
@COUNTY HOSPITAL TOTAL	11	59 \$	21 000 02	\$ 371.19		1990.91	
CO HOCDITAL INDATTENT TOTAL	1	10	20,425.02	•	.001	20425.02	.71
CO HOSPITAL INPATIENT TOTAL	1	19	20,425.02			20425.02	.71
HSC HOSPITALS		19	20,425.02		.001		
NON-HSC HOSPITALS TOTAL	U	Ü	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0	0	21,900.02 20,425.02 20,425.02 .00 .00 .00 .00 .00 .00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATTENT	0	0	.00	0.0	.000	.00	.00
CO HOSD OHTDATTENT TOTAL	10	40	1,475.00	36.88	.001	147.50	.05
MEDICAL	10		187.46	37.49	.000	46.87	.01
MEDICAL	4	5					
SURGERY	2	3	147.81		.000	73.91	.01
PATHOLOGY	2	5	43.79		.000	21.90	.00
RADIOLOGY	3	5	321.24	64.25	.000	107.08	.01
ROOM USE	9	12	574.63	47.89	.000	63.85	.02
CROSSOVERS/ALL OTH OUTPINT	5	10	200.07	20.01	.000	40.01	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,575
MOP024	FEE-FOR-SERVICE	DENTAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVI	ICES FOR CGF 30-33	35 40 42 3A-3M 3P	3R 3U 3W 4C-4	G		
					MON'	THLY AVERA	GE
28,610 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS			COST PER
ZO,010 EDIGIDLES	OSERS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DA		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,652		1,629,670.93		.507 \$		
	212	849	1,278,229.10	1505.57	.030	6029.38	44.68
HSC HOSPITALS	54	221	281,564.10	1274.05	.008	5214.15	9.84
NON-HSC HOSPITALS TOTAL	160	628	996,665.00	1587.05	.022	6229.16	34.84
ACCOMMODATIONS	155	628	318,099.68	506.53	.022	2052.26	11.12
ADMINISTRATIVE DAYS	2	32	7,401.60	231.30	.001	3700.80	.26
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	153	596	310,698.08	521.31	.021	2030.71	10.86
ANCILLARIES	160	0	678,565.32	.00	.000	4241.03	23.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT					.000		
COMM HOSP OUTPATIENT TOTAL	3,576	13,662	351,441.83	25.72	.478	98.28	12.28
MEDICAL	575	817	19,212.96	23.52	.029	33.41	.67

SURGERY	298	345	11,704.94	33.93	.012	39.28	.41
PATHOLOGY	1,388	5,022	70,734.02	14.08	.176	50.96	2.47
RADIOLOGY	885	1,190	70,887.40	59.57	.042	80.10	2.48
ROOM USE	2,666	3,764	140,796.74	37.41	.132	52.81	4.92
CROSSOVERS/ALL OTH OUTPINT	1,279	2,524	38,105.77	15.10	.088	29.79	1.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	11	\$ 2,600.18	\$ 236.38	.000	\$ 2600.18	\$.09
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	11	2,600.18	236.38	.000	2600.18	.09
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	10	22	\$	876.33	\$	39.83	.001	\$	87.63	\$.03
HOSPITAL BASED	7	17		765.03		45.00	.001		109.29		.03
INDEPENDENT FACILITY	3	5		111.30		22.26	.000		37.10		.00
@LABORATORY FACILITY	511	1,572	\$	26,540.24	\$	16.88	.055	\$	51.94	\$.93
PATHOLOGY	511	1,572		26,540.24		16.88	.055		51.94		.93
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,179	4,108	\$	423,288.45	\$	103.04	.144	\$	194.26	\$	14.80
CLINIC	388	1,186		22,878.78		19.29	.041		58.97		.80
SURGICENTER	48	272		10,065.52		37.01	.010		209.70		.35
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,764	2,650		390,344.15		147.30	.093		221.28		13.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES	MONTH-OF-PAYMENT F	REPORT	r for Jan	2003 THRU	DEC	2003	PI	AGE 2,576
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
EL DODYDO COLMIAN	CIIMMADV OF CEDVITOR	G EUD CCE 30	-33	3E 10 13 37 3M 3D	2D 21	T 2M /C-/C	~				

EL DORADO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

28,610 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,295	6,568	\$	79,835.34	\$ 12.16	.230	\$ 61.65	\$ 2.79
DURABLE MED. EQUIP.	28	39		3,769.49	96.65	.001	134.62	.13
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		425.53	425.53	.000	425.53	.01
MEDICAL TRANSPORTATION	211	2,819		33,676.17	11.95	.099	159.60	1.18
AMBULANCES/AIR TRANS	210	2,797		28,219.59	10.09	.098	134.38	.99
OTHER TRANS	2	19		56.58	2.98	.001	28.29	.00
OTHER SERVICES	3	3		5,400.00	1800.00	.000	1800.00	.19
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	28	28		2,840.00	101.43	.001	101.43	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	320	670		5,984.61	8.93	.023	18.70	.21
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	18	30		2,886.65	96.22	.001	160.37	.10
PROSTHETICS	18	30		2,886.65	96.22	.001	160.37	.10
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	3	8		484.23	60.53	.000	161.41	.02
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1		1,046.55	1046.55	.000	1046.55	.04
LOCAL EDUCATION AGENCIES	690	2,964		28,402.78	9.58	.104	41.16	.99
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	8		319.33	39.92	.000	79.83	.01
@CALIF. CHILDREN SERVICES*	113	832	\$	140,670.44		.029	\$ 1244.87	\$ 4.92
@XOVER EXCLUDING STATE HOSP**	3	5	\$	67.79	\$ 13.56	.000	\$ 22.60	\$.00
ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	0 3 0 0 1 690 0 0 4 113 3	0 8 0 0 1 2,964 0 0 0 8 832 5	ŞŞ	.00 484.23 .00 .00 1,046.55 28,402.78 .00 .00 .00 319.33 140,670.44 67.79	.00 60.53 .00 .00 1046.55 9.58 .00 .00 .00 39.92 \$ 169.08	.000 .000 .000 .000 .000 .104 .000 .000	.00 161.41 .00 .00 1046.55 41.16 .00 .00 .00 .79.83 1244.87	.00 .02 .00 .00 .04 .99 .00 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,577 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

61,613 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINTTC /DAVC		COST PER
•		OR DAYS OF CARE	EXFERDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	38,760 13,163	791,915 \$	19,471,655.46	\$ 24.59	12.853 \$	502.36	
@PHYSICIANS SERVICES	13,163	36,663 \$	1,452,073.44	\$ 39.61	.595 \$	110.31	
OUTPATIENT VISITS	8,196	11,424	456,718.09	39.98	.185	55.72	7.41
OFFICE VISITS	4,723	6,044	205,873.02	34.06	.098	43.59	3.34
HOME VISITS	3	3	151.82	50.61	.000	50.61	.00
EMERGENCY ROOM	3,117	3,778	202,035.92	53.48	.061	64.82	3.28
PREVENTIVE CARE	35	35	1,642.26	46.92	.001	46.92	.03
OB VISITS/COMPRE PERI	161	267	18,482.90	69.22	.004	114.80	.30
OTHER OUTPATIENT	1,053	1,297	28,532.17	22.00	.021	27.10	.46
INPATIENT VISITS	582	2,462	138,545.18	56.27	.040	238.05	2.25
HOSPITAL VISITS	536	2,089	97,355.47	46.60	.034	181.63	1.58
CRITICAL CARE	56	307	38,812.03	126.42	.005	693.07	.63
SNF/ICF/TRANS IP CARE	34	66	2,377.68	36.03	.001	69.93	.04
OPHTHALMOLOGICAL SERVICES	133	155	6,705.76	43.26	.003	50.42	.11
EXAMINATIONS	121	135	6,105.76	45.23	.002	50.46	.10
SERVICES AND MATERIALS	20	20	600.00	30.00	.000	30.00	.01
INPATIENT HOSPITAL SURGERY	400	2,358	207,330.50	87.93	.038	518.33	3.37
PRINCIPAL SURGEON	291	431	207,330.50 167,264.42 5,160.70	388.08	.007	574.79	2.71
ASSISTANT SURGEON	30	30	5,160.70	172.02	.000	172.02	.08
ANESTHESIOLOGIST	143 1,004	1,897 2,850	34,905.38	18.40 64.91	.031 .046	244.09	.57
OUTPATIENT SURGERY PRINCIPAL SURGEON	837	1,090	147 604 26	135.49	.018	184.27 176.44	3.00 2.40
ASSISTANT SURGEON	5	1,090	185,002.16 147,684.36 336.93	67.39	.000	67.39	.01
ANESTHESIOLOGIST	233	1,755	36,980.87	21.07	.028	158.72	.60
DIALYSIS	0	1,733	.00	.00	.000	.00	.00
PATHOLOGY	1,033	1,616	35,587.32	22.02	.026	34.45	.58
RADIOLOGY	2,331	4,097	178,769.04	43.63	.066	76.69	2.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	196	1,225	55,241.92	45.10	.020	281.85	.90
OTHER SERVICES/ALL X-OVERS	3,875	10,476	188,173.47	17.96	.170	48.56	3.05
@PHARMACY	27,531	351,565 \$	8,372,503.47	\$ 23.81	5.706 \$		
PRESCRIPTION DRUGS	27,276	97,252	8,134,222.88	83.64	1.578	298.22	132.02
SNF/ICF	283	1,916	112,636.34	58.79	.031	398.01	1.83
OUTPATIENTS	27,042	95,336	8,021,586.54	84.14	1.547	296.63	130.19
MEDICAL SUPPLIES	2,036	254,313	238.280.59	.94	4.128	117.03	3.87
@DENTIST	4,158	18,213 \$	821,770.85	\$ 45.12	.296 \$	197.64	\$ 13.34
VISITS - DIAGNOSTIC	2,708	10,354	156,341.77	15.10	.168	57.73	2.54
ORAL SURGERY	519	1,277	69,328.84	54.29	.021	133.58	1.13
DRUGS	19	22	365.00	16.59	.000	19.21	.01
ANESTHESIA	10	10	1,000.00	100.00	.000	100.00	.02
PERIODONTICS	238	254	25,606.05	100.81	.004	107.59	.42
ENDODONTICS	361	629	130,087.00	206.82	.010	360.35	2.11
RESTORATIVE DENTISTRY	1,498	4,602	340,646.94	74.02	.075	227.40	5.53
PROSTHETICS	23	23	560.00	24.35	.000	24.35	.01
DENTURES, STAYPLATES	231	781	83,898.25	107.42	.013	363.20	1.36
SPACE MAINTAINERS	15	20	2,062.00	103.10	.000	137.47	.03
MAXILLOFACIAL SERVICES	8	8	900.00	112.50	.000	112.50	.01
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	100	162	10,310.00	63.64	.003	103.10	.17
ALL OTHER SERVICES	76	70	525.00	7.50	.001	6.91	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONIH-OF-PAYMENT R	EPORI FOR JAN 2	ZUUS IHKU DE	2003	PAGE 2,578
MOP024 EL DORADO COUNTY	FEE-FOR-SERVICE	I/DENIAL /ICES FOR CASH GRANT	r rotat				01/29/04
EL DOKADO COUNTI	SUMMARI OF SERV	VICED FOR CASH GRANI	I - IOIAL		MON'	ת מישוות עודים	CF
61,613 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
OI,OIS EDIGIBLES	מאוזיניט	OR DAYS OF CARE	EVE FUDITOKE?	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1,220	3,515 \$	78,891.99	\$ 22.44	.057 \$		
DIAGNOSTIC AND ANC. PROCED	680	689	31,680.83	45.98	.011	46.59	.51
	3 2 3	002	32,000.00	10.20		-0.00	•

EYE APPLIANCES	947	2,691	44,033.73	16.36	.044	46.50	.71
OTHER OPTOMETRIC SERVICES	97	135	3,177.43	23.54	.002	32.76	.05
@CHIROPRACTOR	25	51 \$	790.02	\$ 15.49	.001 \$		
VISITS	23	49	756.58	15.44	.001	32.89	.01
	23						
OTHER SERVICES		2	33.44	16.72	.000	16.72	.00
@PODIATRIST	196	262 \$	4,290.72	\$ 16.38	.004 \$		
MEDICINE/INJECTIONS	32	37	1,176.18	31.79	.001	36.76	.02
SURGERY/ANES.	1	1	13.00	13.00	.000	13.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	165	222	3,066.94	13.82	.004	18.59	.05
@HOME HEALTH AGENCY	124	2,343 \$	102,519.76	\$ 43.76	.038 \$		
NURSE ANESTHESIST	16	123 \$	1,115.36	\$ 9.07	.002 \$		\$.02
NURSE MIDWIFE	5	46 \$	2,435.48	\$ 52.95	.001 \$		\$.04
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	18	29 \$	704.60	\$ 24.30	.000 \$	39.14	
	9,853	47,450 \$	5,867,738.69	\$ 123.66	.770 \$		
@TOTAL HOSPITAL		, 1					
HOSP INPATIENT TOTAL	737	3,651	4,778,060.80	1308.70	.059	6483.12	77.55
HSC HOSPITALS	135	805	1,088,470.91	1352.14	.013	8062.75	17.67
NON-HSC HOSPITAL TOTAL	387	2,033	3,517,639.02	1730.27	.033	9089.51	57.09
ACCOMMODATIONS	381	2,033	1,096,635.29	539.42	.033	2878.31	17.80
ADMINISTRATIVE DAYS	10	109	25,211.70	231.30	.002	2521.17	.41
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	376	1,924	1,071,423.59	556.87	.031	2849.53	17.39
ANCILLARIES	387	0	2,421,003.73	.00	.000	6255.82	39.29
INPATIENT CROSSOVERS	220	813	171,950.87	211.50	.013	781.59	2.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9,491	43,799	1,089,677.89	24.88	.711	114.81	17.69
MEDICAL	1,415	2,258	65,178.56	28.87	.037	46.06	1.06
SURGERY	584	656	25,285.22	38.54	.011	43.30	.41
PATHOLOGY	3,490	15,351	197,277.14	12.85	.249	56.53	3.20
RADIOLOGY	2,152	3,146	231,168.09	73.48	.051	107.42	3.75
ROOM USE	4,851	7,536	278,408.38	36.94	.122	57.39	4.52
CROSSOVERS/ALL OTH OUTPINT		14,852	292,360.50	19.68	.241	65.45	4.75
@COUNTY HOSPITAL TOTAL	31	114 \$	45,681.76	\$ 400.72	.002 \$	1473.61	\$.74
CO HOSPITAL INPATIENT TOTAL	4	40	42,783.02	1069.58	.001	10695.76	.69
HSC HOSPITALS	4	40	42,783.02	1069.58	.001	10695.76	.69
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS			.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	27	74	2,898.74	39.17	.001	107.36	.05
MEDICAL	9	10	300.71	30.07	.000	33.41	.00
SURGERY	2	3	147.81	49.27	.000	73.91	.00
PATHOLOGY	3	8	93.98	11.75	.000	31.33	.00
RADIOLOGY	5	8	402.38	50.30	.000	80.48	.01
ROOM USE	15	18	782.03	43.45	.000	52.14	.01
CROSSOVERS/ALL OTH OUTPINT	14	27	1,171.83	43.40	.000	83.70	.02
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO		EPORT FOR JAN 20		C 2003	PAGE 2,579
MOP024	FEE-FOR-SERVIC						01/29/04
EL DORADO COUNTY		VICES FOR CASH GRANT	- TOTAL				,,
EL BOIGIBO COOMIT	Bolling of Blic	VICED FOR CHOIL CHIVE	101112	_	M∩N	THIV AVERA	GE
61,613 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST U			COST PER
OI,OIS EDIGIBLES	מאומטט	OR DAYS OF CARE	EVERINDITIONER	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,831	47,336 \$	5,822,056.93	\$ 122.99	.768 \$		
COMM HOSP INPATIENT TOTAL	734	3,611	4,735,277.78	1311.35	.059	6451.33	76.86
HSC HOSPITALS	131	765	1,045,687.89	1366.91	.012	7982.35	16.97

NON-HSC HOSPITALS TOTAL	387	2,033		3,517,639.02		1730.27	.033		9089.51		57.09
ACCOMMODATIONS	381	2,033		1,096,635.29		539.42	.033		2878.31		17.80
ADMINISTRATIVE DAYS	10	109		25,211.70		231.30	.002		2521.17		.41
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	376	1,924		1,071,423.59		556.87	.031		2849.53		17.39
ANCILLARIES	387	0		2,421,003.73		.00	.000		6255.82		39.29
INPATIENT CROSSOVERS	220	813		171,950.87		211.50	.013		781.59		2.79
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9,472	43,725		1,086,779.15		24.85	.710		114.74		17.64
MEDICAL	1,407	2,248		64,877.85		28.86	.036		46.11		1.05
SURGERY	582	653		25,137.41		38.50	.011		43.19		. 41
PATHOLOGY	3,487	15,343		197,183.16		12.85	.249		56.55		3.20
RADIOLOGY	2,148	3,138		230,765.71		73.54	.051		107.43		3.75
ROOM USE	4,840	7,518		277,626.35		36.93	.122		57.36		4.51 4.73
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	4,455 0	14,825 0	\$	291,188.67 .00	\$	19.64 .00	.241	\$	65.36 .00	۲,	.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	183	4,904	\$	750,606.97	\$	153.06		\$		Ġ	12.18
LEV A-INTERMEDIATE	1	4,904 61	Ą	5,161.82	Ą	84.62	.001	Ą	5161.82	Ą	.08
LEV B-REHAB MD	6	211		26,260.55		124.46	.003		4376.76		.43
LEV B-SUBACUTE FREESTANDING		50		19,434.65		388.69	.001		9717.33		.32
LEV B-SUBACUTE HSPTL BASED	2	75		43,309.95		577.47	.001		21654.98		.70
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	172	4,507		656,440.00		145.65	.073		3816.51		10.65
@INTERMEDIATE CARE FACILDD	1	29	\$	5,300.91	\$	182.79	.000	\$	5300.91	\$.09
ICF DDH	0	0	•	.00	•	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	29		5,300.91		182.79	.000		5300.91		.09
@HEMODIALYSIS TOTAL	27	32	\$	15,785.82	\$	493.31	.001	\$	584.66	\$.26
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	27	32		15,785.82		493.31	.001		584.66		.26
@REHABILITATION FACILITY	93	1,309	\$	20,410.55	\$	15.59	.021	\$	219.47	\$.33
HOSPITAL BASED	17	38		1,840.77		48.44	.001		108.28		.03
INDEPENDENT FACILITY	76	1,271		18,569.78		14.61	.021		244.34		.30
@LABORATORY FACILITY	1,088	4,343	\$	64,410.88	\$	14.83	.070	\$	59.20	\$	1.05
PATHOLOGY	1,078	4,330		64,166.51		14.82	.070		59.52		1.04
XO AND OTHERS	10	13		244.37		18.80	.000		24.44	4.	.00
@ORGANIZED OUTPATIENT CLINIC	4,495	8,509	\$	934,172.01	\$.138	Ş	207.82	Ş	15.16
CLINIC	471	1,398		27,250.62		19.49	.023		57.86		. 44
SURGICENTER	135	546		27,003.37		49.46	.009		200.02		. 44
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,929	6,565		879,918.02		134.03	.107	חחמ	223.95	-	14.28
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		KES N	MONTH-OF-PAYMENT RI	EPOR 1	FOR JAN 2	2003 IHRU 1	DEC	2003	P	PAGE 2,580 01/29/04
EL DORADO COUNTY		ICES FOR CASH G	ייז א ס	_ TOTAT							01/29/04
EL DORADO COUNTI	SUMMART OF SERV	ICES FOR CASH G	IVAIVI	- IOIAL			Mo	ידואר	HIV VILL	CF	
61,613 ELIGIBLES	USERS	UNITS OF SERVIC	F.	EXPENDITURES	Δ1/7Ε	ERAGE COST					COST PER
01,013 111015115	OBERD	OR DAYS OF CAR		EMI ENDITORED		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	4,644	312,529	\$	976,133.94	\$	3.12	5.072		210.19		15.84
DURABLE MED. EQUIP.	335	1,481	т.	246,658.50	τ	166.55	.024	-T	736.29	-T	4.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	17	20		4,317.69		215.88	.000		253.98		.07
MEDICAL TRANSPORTATION	828	21,361		138,053.80		6.46	.347		166.73		2.24
AMRIII.AMCES/ATP TPAMS	735	8 722		97 244 53		11 15	142		122 21		1 50

97,244.53

20,823.33

19,985.94

735.28

3,155.00

11.15

1.81

17.27

18.38

69.48

101.77

.142

.186

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.001

.010

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132.31

650.73

262.97

1144.47

101.77

56.56

1.58

.34

.32

.01

.67

.05

11,482

8,722

1,157

40

31

593

735

32

76

13

36

31

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

AMBULANCES/AIR TRANS

ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING

IHMC, MODEL-NF, NF, AIDS, MSSP	320	2,224	152,764.40	68.69	.036	477.39	2.48
OCCUPATIONAL THERAPIST	2	5	103.00	20.60	.000	51.50	.00
OPTICIAN	898	1,929	20,069.49	10.40	.031	22.35	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	12	17	62.80	3.69	.000	5.23	.00
PROSTHETIST/ORTHOTISTS	81	215	27,101.63	126.05	.003	334.59	.44
PROSTHETICS	81	215	27,101.63	126.05	.003	334.59	.44
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	9	484.56	53.84	.000	121.14	.01
SPEECH AND AUDIOLOGY	298	772	37,304.43	48.32	.013	125.18	.61
HOSPICE SERVICES	17	352	41,759.67	118.64	.006	2456.45	.68
NONINST BIRTHING CENTERS	1	1	1,046.55	1046.55	.000	1046.55	.02
LOCAL EDUCATION AGENCIES	1,027	17,855	114,321.18	6.40	.290	111.32	1.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

993 265,624 .55 4.311 2.39 ALL OTHER PROVIDERS 146,995.13 148.03 @CALIF. CHILDREN SERVICES* 1,079,228.02 \$ 77.29 498 13,964 .227 \$ 2167.12 \$ 17.52 @XOVER EXCLUDING STATE HOSP** 4,741 28,922 \$ 545,451.81 \$ 18.86 .469 \$ 115.05 \$ 8.85

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,581 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 EL DORADO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

MOP024	FEE-FOR-SERVICE	I/DENTAL											01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR	185%	PRC	GRAM	- INFANTS	AII	D CODES 47					
									M	CNT	HLY AVERA	GE	
1,482 ELIGIBLES	USERS	UNITS OF	SERV	ICE		EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF C	ARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	550	1	1,629		\$	127,288.61	\$	78.14	1.099	\$	231.43	\$	85.89
@PHYSICIANS SERVICES	265		534		\$	21,996.22	\$	41.19	.360	\$	83.00	\$	14.84
OUTPATIENT VISITS	240		319		•	11,922.01	•	37.37	.215		49.68	•	8.04
OFFICE VISITS	148		195			6,555.72		33.62	.132		44.30		4.42
HOME VISITS	0		0			.00		.00	.000		.00		.00
EMERGENCY ROOM	89		101			4,804.67		47.57	.068		53.99		3.24
PREVENTIVE CARE	6		8			239.89		29.99	.005		39.98		.16
OB VISITS/COMPRE PERI	0		0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	13		15			321.73		21.45	.010		24.75		.22
	12		57										
INPATIENT VISITS						5,583.91		97.96	.038		465.33		3.77
HOSPITAL VISITS	10		27			1,227.19		45.45	.018		122.72		.83
CRITICAL CARE	7		30			4,356.72		145.22	.020		622.39		2.94
SNF/ICF/TRANS IP CARE	0		0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2		3			126.83		42.28	.002		63.42		.09
EXAMINATIONS	2		3			126.83		42.28	.002		63.42		.09
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1		2			394.75		197.38	.001		394.75		.27
PRINCIPAL SURGEON	1		2			394.75		197.38	.001		394.75		.27
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	8		36			2,340.06		65.00	.024		292.51		1.58
PRINCIPAL SURGEON	5		8			1,826.42		228.30	.005		365.28		1.23
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3		28			513.64		18.34	.019		171.21		.35
DIALYSIS	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		13			251.82		19.37	.009		62.96		.17
	23		37			422.64		11.42					.29
RADIOLOGY	23 0		0						.025 .000		18.38		.00
PSYCHIATRY	0		-			.00		.00			.00		
IMMUNIZATION AND INJECTION	2		4			25.00		6.25	.003		12.50		.02
OTHER SERVICES/ALL X-OVERS	23		63			929.20	4.	14.75	.043	4.	40.40	4.	.63
@PHARMACY	241		379		\$	14,675.87	\$	38.72	.256	\$	60.90	Ş	9.90
PRESCRIPTION DRUGS	239		368			14,655.76		39.83	.248		61.32		9.89
SNF/ICF	0		0			.00		.00	.000		.00		.00
OUTPATIENTS	239		368			14,655.76		39.83	.248		61.32		9.89
MEDICAL SUPPLIES	5		11			20.11		1.83	.007		4.02		.01
@DENTIST	0		0		\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0			.00		.00	.000		.00		.00
ORAL SURGERY	0		0			.00		.00	.000		.00		.00
DRUGS	0		0			.00		.00	.000		.00		.00
ANESTHESIA	0		0			.00		.00	.000		.00		.00
PERIODONTICS	0		0			.00		.00	.000		.00		.00
ENDODONTICS	0		0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		Ô			.00		.00	.000		.00		.00
PROSTHETICS	0		0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0			.00		.00	.000		.00		.00
	0		0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.00		.00			.00		
MAXILLOFACIAL SERVICES	0		0						.000				.00
FRACTURES, DISLOCATIONS	U		U			.00		.00	.000		.00		.00

ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00

.00 .00

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,582 MOP024

FEE-FOR-SERVICE/DENTAL

EL DORADO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69
----- MONTHLY AVERAGE ------UNITS OF SERVICE EXPENDITURES 1,482 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER COST PER 47.45 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE \$ 179.85 \$ 59.95 .002 \$ 89.93 \$ \$.00 \$.0 .001 \$ 47.45 \$ @OPTOMETRIST 1 1 \$ \$ 47.45 . 03 1 DIAGNOSTIC AND ANC. PROCED 1 47.45 47.45 .001 47.45 .03 EYE APPLIANCES 0 0 0 0 0 0 0 0 OTHER OPTOMETRIC SERVICES 0 0 @CHIROPRACTOR 0 VISITS 0 OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. 0 3 0 RADIO./PATHOLOGY OTHER OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

MUDGE MIDWIFE @HOME HEALTH AGENCY PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

TOTAL HOSPITAL

HOSP INPATIENT TOTAL

HSC HOSPITALS

0

155

8

HSC HOSPITALS @TOTAL HOSPITAL HOSP OUTPATIENT TOTAL @COUNTY HOSPITAL TOTAL .00 \$.00 .00 .00 .00 .00 .00 .00 .00 CO HOSPITAL INPATIENT TOTAL 0 0 .000 .00 .00 .00 ALL OTHER ACCOM .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 CO HOSP OUTPATIENT TOTAL .00 .000 .00 .00 .00 .000 .00 .00 MEDICAL .00 .00 SURGERY .00 .000 .00 .00 .000 .00 .00 PATHOLOGY .000 Ω . 00 . 00 . 00 RADTOLOGY ROOM USE .00 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICE		CURES MC		REPORT				2003	P	AGE 2,583
MOP024	FEE-FOR-SERVICE/		. 01120 110	01 111111111111111111111111111111	01.1	1010 01110 1	000 11110	220	2005	-	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVI		PROGRAM	I - INFANTS	ATD	CODES 47	69				01/25/01
EL BOIGIBO COOMIT	BOTH HILL OF BEILVE	CLD TOR TOST	ricocian		1111			MONT	HLY AVERA	GE.	
1,482 ELIGIBLES	USERS	UNITS OF SERVI	CF	EXPENDITURES	7/1/2	RAGE COST					COST PER
·		OR DAYS OF CA		EXPENDITORES		UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	155	515	\$	75,250.49		146.12	.348		485.49		50.78
COMM HOSP INPATIENT TOTAL	100	62	Y	63,870.55		1030.17	.042		7983.82	Ą	43.10
HSC HOSPITALS	8 6	56		59,835.00		1068.48	.038		9972.50		40.37
NON-HSC HOSPITALS TOTAL	2	6		•		672.59	.004		2017.78		2.72
	2	6		4,035.55							
ACCOMMODATIONS	2			2,189.32		364.89	.004		1094.66		1.48
ADMINISTRATIVE DAYS	0 0 2	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	6		2,189.32		364.89	.004		1094.66		1.48
ANCILLARIES	2	0		1,846.23		.00	.000		923.12		1.25
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 152	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	152	453		11,379.94		25.12	.306		74.87		7.68
MEDICAL	23	32		407.73		12.74	.022		17.73		. 28
SURGERY	6	6		209.79		34.97	.004		34.97		.14
PATHOLOGY	49	142		1,662.98		11.71	.096		33.94		1.12
RADIOLOGY	33	39		957.06		24.54	.026		29.00		. 65
ROOM USE	118	151		5,706.75		37.79	.102		48.36		3.85
CROSSOVERS/ALL OTH OUTPTNT		83		2,435.63		29.34	.056		41.28		1.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	\$.00	.000		.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	т.	.00	.000		.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		.00	Ś	.00
HOSPITAL BASED	0	Õ	Υ	.00	¥	.00	.000		.00	Υ	.00
INDEPENDENT FACILITY	Ö	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	33.89	\$	11.30	.002		33.89	\$.02
PATHOLOGY	1	3	Y	33.89	Ÿ	11.30	.002		33.89	Y	.02
XO AND OTHERS	Λ	0		.00		.00	.002		.00		.00
@ORGANIZED OUTPATIENT CLINIC	73	118	\$	13,759.66	Ġ	116.61	.080		188.49	\$	9.28
CLINIC CLINIC	6	10	Ą	87.44	Ą	8.74	.007		14.57	Ą	.06
	0	0		0/.44		.00	.007		.00		.00
SURGICENTER				.00							
HEROIN DETOX CLINIC	0 67	100				.00	.000		.00		.00
RURAL HEALTH CLINIC		108	מיים היים איים	13,672.22		126.59	.073		204.06	Γ.	9.23
	MEDI-CAL SERVICE		LUKES MC	MIH-OR-PAYMENT F	KFLOK.I.	FOR JAN 2	UU3 THRU	DEC	∠ 003	Ρ.	
MOP024	FEE-FOR-SERVICE/		DDOGDZ	T TITE A NUMBER	3 T T	CODEC 45	60				01/29/04
EL DORADO COUNTY	SUMMARY OF SERVI	CES FOR 185%	PROGRAM	I - INFANTS	AID	CODES 47	09				

------ MONTHLY AVERAGE ------
1,482 ELIGIBLES
USERS
UNITS OF SERVICE
OR DAYS OF CARE

@ALL OTHER PROVIDERS

7

COST PER
PER UNIT/DAY
PER ELIG
USER
ELIGIBLE

1,345.18

1,345.18

1,345.18

DURABLE MED. EQUIP.	1	3		684.03	228.01	.002	684.03	.46	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	3	69		489.87	7.10	.047	163.29	.33	
AMBULANCES/AIR TRANS	3	69		489.87	7.10	.047	163.29	.33	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	1	1		55.00	55.00	.001	55.00	.04	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	0	0		.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	1	2		78.86	39.43	.001	78.86	.05	
PROSTHETICS	1	2		78.86	39.43	.001	78.86	.05	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1	1		37.42	37.42	.001	37.42	.03	
@CALIF. CHILDREN SERVICES*	5	69	\$	35,119.02	\$ 508.97	.047	\$ 7023.80	\$ 23.70	
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARATE	INFORMATION	ITEM ONLY;						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,585 MOPD 24 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

HH DOMINO COOMIT	DOMINING OF DER	VICED FOR TOO FROOM	11(11(11)1) 11.	ID CODED II 10	10		
					MOI	NTHLY AVERA	GE
1,703 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,371	6,490 \$	879,288.31	\$ 135.48	3.811	\$ 641.35	\$ 516.32
@PHYSICIANS SERVICES	799	1,974 \$	204,619.45	\$ 103.66	1.159	\$ 256.09	\$ 120.15
OUTPATIENT VISITS	327	462	31,665.76	68.54	.271	96.84	18.59
OFFICE VISITS	93	102	4,445.80	43.59	.060	47.80	2.61
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	79	87	5,625.04	64.66	.051	71.20	3.30
PREVENTIVE CARE	3	3	114.69	38.23	.002	38.23	.07
OB VISITS/COMPRE PERI	179	266	21,387.09	80.40	.156	119.48	12.56
OTHER OUTPATIENT	4	4	93.14	23.29	.002	23.29	.05
INPATIENT VISITS	146	332	21,993.89	66.25	.195	150.64	12.91
HOSPITAL VISITS	138	251	10,319.03	41.11	.147	74.78	6.06
CRITICAL CARE	10	81	11,674.86	144.13	.048	1167.49	6.86
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	173	543	121,163.67	223.14	.319	700.37	71.15
PRINCIPAL SURGEON	142	194	110,225.64	568.17	.114	776.24	64.72
ASSISTANT SURGEON	18	18	3,116.71	173.15	.011	173.15	1.83
ANESTHESIOLOGIST	33	331	7,821.32	23.63	.194	237.01	4.59
OUTPATIENT SURGERY	38	82	7,865.21	95.92	.048	206.98	4.62
PRINCIPAL SURGEON	28	31	6,412.73	206.86	.018	229.03	3.77

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	Λ	Λ	.00		00 .000	.00	.00
	1.4						
ANESTHESIOLOGIST	14	51	1,452.48	28.		103.75	.85
DIALYSIS	0	0	.00		.000	.00	.00
PATHOLOGY	187	243	4,959.40	20.	41 .143	26.52	2.91
RADIOLOGY	220	252	14,341.42	56.	91 .148	65.19	8.42
PSYCHIATRY	0	0	.00		.000	.00	.00
IMMUNIZATION AND INJECTION	15	25	921.66	36.	87 .015	61.44	.54
OTHER SERVICES/ALL X-OVERS	29	35	1,708.44	48.	81 .021	58.91	1.00
@PHARMACY	317	489	\$ 11,146.98	\$ 22.	80 .287	\$ 35.16	\$ 6.55
PRESCRIPTION DRUGS	314	481	10,588.21	22.	01 .282	33.72	6.22
SNF/ICF	0	0	.00		.000	.00	.00
OUTPATIENTS	314	481	10,588.21	22.	01 .282	33.72	6.22
MEDICAL SUPPLIES	6	8	558.77	69.	85 .005	93.13	.33
@DENTIST	16	33	\$ 731.00	\$ 22.	15 .019	\$ 45.69	\$.43
VISITS - DIAGNOSTIC	12	27	439.00	16.	26 .016	36.58	.26
ORAL SURGERY	0	0	.00		.000	.00	.00

DRUGS	0	0	.0	0	.00	.000		.00		.00
ANESTHESIA	0	0	.0	0	.00	.000		.00		.00
PERIODONTICS	0	0	.0	0	.00	.000		.00		.00
ENDODONTICS	1	1	330.0	0	330.00	.001	:	330.00		.19
RESTORATIVE DENTISTRY	4	5	38.0	0CR	7.60CR	.003		9.50CI	3	.02CR
PROSTHETICS	0	0	.0	0	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.0	0	.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.0	0	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.0	0	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.0	0	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.0	0	.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.0	0	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPO	RT FOR JAN 2	2003 THRU	DEC 2	003	PA	GE 2,586
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
EL DORADO COUNTY		ICES FOR 185% PROG	RAM - PREGNANT	AID	CODES 44 48	49				
						M	ONTHL	Y AVERA	GE -	
1,703 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S A	VERAGE COST	UNITS/DAY	S CO	ST PER	C	OST PER
		OR DAYS OF CARE		P.	ER UNIT/DAY	PER ELIG	Ţ	USER	E	LIGIBLE
@OPTOMETRIST	0	0 \$.0			.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.0		.00	.000	•	.00	•	.00
EYE APPLIANCES	0	0	.0		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.0		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$.0			.000	\$.00	\$.00
VISITS	0	0	.0		.00	.000	Ψ	.00	τ	.00
OTHER SERVICES	0	0	.0		.00	.000		.00		.00
@PODIATRIST	0	0 \$.0		.00	.000	\$		\$.00
MEDICINE/INJECTIONS	0	0	.0		.00	.000	٧	.00	Y	.00
SURGERY/ANES.	0	0	.0		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.0		.00	.000		.00		.00
OTHER	0	0	.0		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$.0		.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$.0		.00	.000	\$.00	\$.00
NURSE MIDWIFE	4	22 \$	2,027.4		92.15	.013		506.85	\$	1.19
PEDIATRIC NURSE PRACTITIONER	0	0 \$.0		.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.0		.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	650	3,069 \$	628,935.6			1.802		967.59	\$	369.31
HOSP INPATIENT TOTAL	142	529	573,643.3		1084.39	.311		039.74	Ÿ	336.84
HSC HOSPITALS	16	102	141,956.0		1391.73	.060		872.25		83.36
NON-HSC HOSPITAL TOTAL	127	425	430,875.2		1013.82	.250		392.72		253.01
ACCOMMODATIONS	121	425	177,779.2		418.30	.250		469.25		104.39
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	111,119.2		.00	.000	Τ.	.00		.00
TRANSITIONAL IP CARE	0	0	.0		.00	.000		.00		.00
ALL OTHER ACCOM	121	425	177,779.2		418.30	.250	1.	469.25		104.39
ANCILLARIES	126	0	253,096.0		.00	.000		008.70		148.62
INPATIENT CROSSOVERS	1	2	812.0		406.00	.001		812.00		.48
ALL OTHER INPATIENT	0	0	.0		.00	.000	•	.00		.00
HOSP OUTPATIENT TOTAL	594	2,540	55,292.3		21.77	1.491		93.08		32.47
MEDICAL	16	2,540	451.6		22.58	.012		28.23		.27
SURGERY	75	111	3,269.4		29.45	.065		43.59		1.92
PATHOLOGY	456	1,693	27,537.7 5,432.5		16.27	.994		60.39		16.17
RADIOLOGY	73	85			63.91	.050		74.42		3.19
ROOM USE	219	343	12,315.9		35.91	.201		56.24		7.23
CROSSOVERS/ALL OTH OUTPTNT	150	288	6,285.0		21.82	.169		41.90	4	3.69
@COUNTY HOSPITAL TOTAL	5	28 \$.016	\$	177.69	Þ	.52
CO HOSPITAL INPATIENT TOTAL	0	0	.0		.00	.000		.00		.00
HSC HOSPITALS	0	0	.0		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.0		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.0		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.0		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.0	U	.00	.000		.00		.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	28	888.43	31.73	.016	177.69	.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	0 0 0 28 0 2 10 2 7	57.32		.001	57.32	.03
PATHOLOGY	2	10	257.19		.006	128.60	.15
RADIOLOGY	2	2	149.94		.001	74.97	.09
ROOM USE	Δ	7	350.34		.004	87.59	.21
CROSSOVERS/ALL OTH OUTPTNT	2	7	73.64		.004	36.82	.04
	MEDI CAI CEDUIC	ES AND EXPENDITURES 1					PAGE 2,587
	FEE-FOR-SERVICE		MONTH-OF-PAIMENT	REPORT FOR UAN	ZUUS IRKU DE	C 2003	01/29/04
MOP024			AM DDEGNAME	AID GODEG 44 40	4.0		01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGR	AM - PREGNANI .	AID CODES 44 48		·	an.
1 502 51 53 51	Hanna			111001 GD GOGD	MON		
1,703 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	646	3,041 \$	628,047.24		1.786 \$		•
COMM HOSP INPATIENT TOTAL	142	529	573,643.34	1084.39	.311	4039.74	336.84
HSC HOSPITALS	16	102	141,956.07	1391.73	.060	8872.25	83.36
NON-HSC HOSPITALS TOTAL	127	425	430,875.27	1391.73 1013.82 418.30	.250	3392.72	253.01
ACCOMMODATIONS	121	425	177,779.24	418.30	.250	1469.25	104.39
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00 .00 177,779.24 253,096.03 812.00	.00	.000	.00	.00
ALL OTHER ACCOM	121	425	177,779.24	418.30	.250	1469.25	104.39
ANCILLARIES	126	0	253,096.03	.00	.000	2008.70	148.62
INPATIENT CROSSOVERS	1	2	812.00	406.00 .00 21.66	.001	812.00	. 48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	590	2,512	812.00 .00 54,403.90 451.63	21.66	1.475	92.21	31.95
MEDICAL	16	102 425 425 0 0 425 0 2 0 2,512 20	451.63	21.66 22.58	.012	28.23	. 27
1,703 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	74	109	3.212.16	29.47	.064	43.41	1.89
PATHOLOGY	454	109 1,683	3,212.16 27,280.51	16.21	.988	60.09	16.02
RADIOLOGY	71	83	5 282 56	63 65	.049	74.40	3.10
ROOM USE	71 215	336	11,965.60	35.61	.197	55.65	7.03
CROSSOVERS/ALL OTH OUTPTNT		281	6,211.44	22.10	.165	41.97	3.65
@STATE HOSPITAL	0	0 \$.00		.000 \$		
MENTALLY ILL	0	0	.00		.000	.00	.00
DEVELOP. DISABLED	0	0	.00		.000	.00	.00
@NURSING FACILITY	0	0 \$.00		.000 \$		
LEV A-INTERMEDIATE	0	0	.00		.000	.00	.00
LEV B-REHAB MD	0	0	.00		.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
LEV B-REGULAR	0	0	.00		.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00		.000		
ICF DDH	0	0	.00	•	.000	.00	.00
ICF DDA	0	0	.00		.000	.00	.00
	0	0			.000	.00	.00
ICF DDN/DDCN	· ·	· ·	.00				
@HEMODIALYSIS TOTAL	0	0 \$.00	-	.000 \$		\$.00
HOSPITAL BASED	0	0	.00		.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00		.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00		.000 \$		\$.00
HOSPITAL BASED	0	0	.00		.000	.00	.00
INDEPENDENT FACILITY	0	0	.00		.000	.00	.00
@LABORATORY FACILITY	74	162 \$	2,586.99		.095 \$		\$ 1.52
PATHOLOGY	74	162	2,586.99		.095	34.96	1.52
XO AND OTHERS	0	0	.00		.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	111	384 \$	18,934.72		.225 \$		\$ 11.12
CLINIC	62	272	10,555.72	38.81	.160	170.25	6.20

7 1,420.51 26.80 .031 202.93 SURGICENTER 53 .83 .000 HEROIN DETOX CLINIC 0 .00 .00 .00 .00 .035 165.68 59 6,958.49 RURAL HEALTH CLINIC 42 117.94 4.09 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,588 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

HE DOMINE COUNTY	DOMINING OF DERLATOR	D TOR TOO TROORER	11/11/01/11/11	ID CODED II IO	10		
					MO	NTHLY AVERA	GE
1,703 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	96	357 \$	10,306.10	\$ 28.87	.210	\$ 107.36	\$ 6.05
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	279	2,168.60	7.77	.164	120.48	1.27
AMBULANCES/AIR TRANS	18	279	2,168.60	7.77	.164	120.48	1.27
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	78	78	8,137.50	104.33	.046	104.33	4.78
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	86 \$	66,527.41	\$ 773.57	.050	\$ 13305.48	\$ 39.06
@XOVER EXCLUDING STATE HOSP**	4	11 \$	935.34	\$ 85.03	.006	\$ 233.84	\$.55
@* TOTALS IN THESE LINES ARE G	GIVEN AS A SEPARATE	INFORMATION ITEM ONL	ıΥ;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,589 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

						MON	THLY AVERA	GE	-
23 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	R
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBL	E
@TOTAL, ALL PROVIDERS	65	134	\$	5,626.93	\$ 41.99	5.826 \$	86.57	\$ 244.6	55
@PHYSICIANS SERVICES	31	45	\$	1,640.38	\$ 36.45	1.957 \$	52.92	\$ 71.3	12
OUTPATIENT VISITS	14	22		905.68	41.17	.957	64.69	39.3	8
OFFICE VISITS	9	14		434.61	31.04	.609	48.29	18.9	0
HOME VISITS	0	0		.00	.00	.000	.00	.0	0
EMERGENCY ROOM	3	3		157.55	52.52	.130	52.52	6.8	15
PREVENTIVE CARE	1	1		45.32	45.32	.043	45.32	1.9	7
OB VISITS/COMPRE PERI	3	3		247.27	82.42	.130	82.42	10.7	'5
OTHER OUTPATIENT	1	1		20.93	20.93	.043	20.93	.9	1
INPATIENT VISITS	3	3		124.44	41.48	.130	41.48	5.4	1
HOSPITAL VISITS	3	3		124.44	41.48	.130	41.48	5.4	1
CRITICAL CARE	0	0		.00	.00	.000	.00	.0	0

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	Ô	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	1	1		93.49	93.49	.043	93.49		4.06
PRINCIPAL SURGEON	1	1		93.49	93.49	.043	93.49		4.06
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0			.00		.00		.00
DIALYSIS	1.2	· ·		.00		.000			
PATHOLOGY	13	15		350.10	23.34	.652	26.93		15.22
RADIOLOGY	3	3		161.67	53.89	.130	53.89		7.03
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		5.00	5.00	.043	5.00		.22
@PHARMACY	0	0 \$;	2.00CR	\$.00	.000 \$.00	\$.09CR
PRESCRIPTION DRUGS	0	0		2.00CR	.00	.000	.00		.09CR
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		2.00CR	.00	.000	.00		.09CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0 \$;	.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	•	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0							
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	U		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	U	U		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-	OF-PAYMENT REP	PORT FOR JAN 2	2003 THRU DE	C 2003	PA	GE 2,590
MOP024	FEE-FOR-SERVICE								01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY PO	ST PART	UM PROGRAM	AID CODE				
						MON	ITHLY AVERA	GE -	
23 ELIGIBLES	USERS	UNITS OF SERVICE	E.	XPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@OPTOMETRIST	0	0 \$;	.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$;		\$.00	.000 \$		\$.00
VISITS	0	0		.00	.00	.000	.00	•	.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	Ô	0 \$			\$.00	.000 \$		\$.00
VED TOTAL / TATE OF TOTAL	0	0 Y	•	.00	.00	.000 \$.00	~	.00

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MEDICINE/INJECTIONS

PEDIATRIC NURSE PRACTITIONER

SURGERY/ANES.

OTHER

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

NURSE MIDWIFE

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FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	23	48	\$ 1,546.62	\$	32.22	2.087	\$ 67.24	\$ 67.24
HOSP INPATIENT TOTAL	1	2	.00		.00	.087	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2	.00		.00	.087	.00	.00
ACCOMMODATIONS	1	2	.00		.00	.087	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	2	.00		.00	.087	.00	.00
ANCILLARIES	1	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	22	46	1,546.62		33.62	2.000	70.30	67.24
MEDICAL	2	2	33.72		16.86	.087	16.86	1.47
SURGERY	0	0	88.69CR	3	.00	.000	.00	3.86CR
PATHOLOGY	10	22	788.40		35.84	.957	78.84	34.28

RADIOLOGY	3	4	270.29	67.57	.174	90.10	11.75
ROOM USE	9	10	366.44	36.64	.435	40.72	15.93
CROSSOVERS/ALL OTH OUTPTNT	4	8	176.46	22.06	.348	44.12	7.67
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ö	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ö	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Ő	Ö	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON					PAGE 2,591
MOP024	FEE-FOR-SERVIC		III OF FAIMENT RE	FORT FOR OAN 2	SOUS TIMO DEC	. 2005	01/29/04
EL DORADO COUNTY	SUMMARY OF SER		APTIM DPOCPAM	AID CODE	76		01/25/04
EL DORADO COUNTI	DOMMANT OF DEN	VICES FOR OU DAT FOST F	ARTOM FROGRAM	AID CODE	MONT	HIV AMEDAG	F
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	_	COST PER	COST PER
20 22101222	00210	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	48 \$	1,546.62	\$ 32.22	2.087 \$		\$ 67.24
COMM HOSP INPATIENT TOTAL	1	2	.00	.00	.087	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	.00	.00	.087	.00	.00
ACCOMMODATIONS	1	2	.00	.00	.087	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	.00	.00	.087	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ö	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	46	1,546.62	33.62	2.000	70.30	67.24
MEDICAL	2	2	33.72	16.86	.087	16.86	1.47
SURGERY	0	0	88.69CR		.000	.00	3.86CR
PATHOLOGY	10	22	788.40	35.84	.957	78.84	34.28
RADIOLOGY	3	$\frac{1}{4}$	270.29	67.57	.174	90.10	11.75
ROOM USE	9	10	366.44	36.64	.435	40.72	15.93
CROSSOVERS/ALL OTH OUTPTNT	4	8	176.46	22.06	.348	44.12	7.67
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	Ö	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

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HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	10	\$	269.83		26.98	.435	\$	67.46	Ġ	11.73
PATHOLOGY	4	10	٧	269.83	Υ	26.98	.435	~	67.46	٧	11.73
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	18	30	\$	2,122.10		70.74	1.304	Ś	117.89	Ś	92.27
CLINIC	5	14	Τ	312.95	τ	22.35	.609	τ.	62.59	Ψ.	13.61
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14	16		1,809.15		113.07	.696		129.23		78.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MO		REPORT	FOR JAN	2003 THRU	DEC	2003	Ρź	AGE 2,592
MOP024	FEE-FOR-SERVICE/D										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVIC	ES FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE	76				
							M	ONT	HLY AVERA	GE ·	
23 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$	50.00		50.00	.043	\$	50.00	\$	2.17
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	1		50.00		50.00	.043		50.00		2.17
AMBULANCES/AIR TRANS	1	1		50.00		50.00	.043		50.00		2.17
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00

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** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PSYCHOLOGIST

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES*

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

HOSPICE SERVICES

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,593
MOP024 FEE-FOR-SERVICE/DENTAL
EL DORADO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

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							MON	THLY AVERA	GE	
3,208 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,986	8,253	\$	1,012,203.85	\$	122.65	2.573	509.67	\$	315.52
@PHYSICIANS SERVICES	1,095	2,553	\$	228,256.05	\$	89.41	.796	208.45	\$	71.15

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	581	803	44,493.45	55.41	.250	76.58	13.87
OFFICE VISITS	250	311	11,436.13	36.77	.097	45.74	3.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	171	191	10,587.26	55.43	.060	61.91	3.30
PREVENTIVE CARE	10	12	399.90	33.33	.004	39.99	.12
OB VISITS/COMPRE PERI	182	269	21,634.36	80.43	.084	118.87	6.74
OTHER OUTPATIENT	18	20	435.80	21.79	.006	24.21	.14
INPATIENT VISITS	161	392	27,702.24	70.67	.122	172.06	8.64
	151						3.64
HOSPITAL VISITS		281	11,670.66	41.53	.088	77.29	
CRITICAL CARE	17	111	16,031.58	144.43	.035	943.03	5.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	126.83	42.28	.001	63.42	.04
EXAMINATIONS	2	3	126.83	42.28	.001	63.42	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	174	545	121,558.42	223.04	.170	698.61	37.89
PRINCIPAL SURGEON	143	196	110,620.39	564.39	.061	773.57	34.48
ASSISTANT SURGEON	18	18	3,116.71	173.15	.006	173.15	.97
ANESTHESIOLOGIST	33	331	7,821.32	23.63	.103	237.01	2.44
OUTPATIENT SURGERY	47	119	10,298.76	86.54	.037	219.12	3.21
	34	40	8,332.64	208.32		245.08	2.60
PRINCIPAL SURGEON					.012		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	17	79	1,966.12	24.89	.025	115.65	.61
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	204	271	5,561.32	20.52	.084	27.26	1.73
RADIOLOGY	246	292	14,925.73	51.12	.091	60.67	4.65
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	29	946.66	32.64	.009	55.69	.30
OTHER SERVICES/ALL X-OVERS	53	99	2,642.64	26.69	.031	49.86	.82
@PHARMACY	558	868 \$		\$ 29.75	.271 \$	46.27	
PRESCRIPTION DRUGS	553	849	25,241.97	29.73	.265	45.65	7.87
SNF/ICF	0	0	.00	.00	.000	.00	.00
	553	849	25,241.97	29.73		45.65	7.87
OUTPATIENTS					.265		
MEDICAL SUPPLIES	11	19	578.88	30.47	.006	52.63	.18
@DENTIST	16	33 \$		\$ 22.15	.010 \$	45.69	
VISITS - DIAGNOSTIC	12	27	439.00	16.26	.008	36.58	.14
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.000	330.00	.10
RESTORATIVE DENTISTRY	4	5	38.00CR	7.60CR	.002	9.50CR	.01CR
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Ô	Û	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00			
FRACTURES, DISLOCATIONS	0	0			.000	.00	.00
ORTHODONTIC SERVICES	7	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	00	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REI	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 2,594
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR 185% AND	60-DAY PP TOTAL, CODE	ES 44 47 48 49	69 76		
					MONT	THLY AVERAGE	Ξ
3,208 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
•		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1	1 \$	47.45	\$ 47.45	.000 \$	47.45	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.01
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00		.00	
		•			.000		.00
@CHIROPRACTOR	0	т т	.00	\$.00	.000 \$.00	
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	Υ	.00	~	.00	.000	٧	.00	~	.00
	0										
SURGERY/ANES.	Ü	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	3	Ġ	179.85	\$	59.95	.001	\$	89.93	\$.06
	2	5	٠ A								
NURSE ANESTHESIST	U	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	4	22	\$	2,027.40	\$	92.15	.007	\$	506.85	\$.63
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	828	3,632	Ċ	705,732.78	Ċ	194.31		\$	852.33	\$	219.99
			Ą		Ą			Ą		Ą	
HOSP INPATIENT TOTAL	151	593		637,513.89		1075.07	.185		4221.95		198.73
HSC HOSPITALS	22	158		201,791.07		1277.16	.049		9172.32		62.90
NON-HSC HOSPITAL TOTAL	130	433		434,910.82		1004.41	.135		3345.47		135.57
ACCOMMODATIONS	124	433		179,968.56		415.63	.135		1451.36		56.10
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE											
ALL OTHER ACCOM	124	433		179,968.56		415.63	.135		1451.36		56.10
ANCILLARIES	129	0		254,942.26		.00	.000		1976.30		79.47
INPATIENT CROSSOVERS	1	2		812.00		406.00	.001		812.00		. 25
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	768	3,039		68,218.89		22.45	.947		88.83		21.27
MEDICAL	41	54		893.08		16.54	.017		21.78		.28
SURGERY	81	117		3,390.58		28.98	.036		41.86		1.06
PATHOLOGY	515	1,857		29,989.08		16.15	.579		58.23		9.35
RADIOLOGY	109	128		6,659.85		52.03	.040		61.10		2.08
ROOM USE	346	504		18,389.13		36.49	.157		53.15		5.73
CROSSOVERS/ALL OTH OUTPTNT		379		8,897.17		23.48	.118		41.77		2.77
			4								
@COUNTY HOSPITAL TOTAL	5		\$	888.43	\$	31.73	.009	Ş	177.69	Ş	.28
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	n	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	ő		.00		.00	.000		.00		.00
	0										
CO HOSP OUTPATIENT TOTAL	5	28		888.43		31.73	.009		177.69		. 28
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	2		57.32		28.66	.001		57.32		.02
PATHOLOGY	2	10		257.19		25.72	.003		128.60		.08
RADIOLOGY	2	2		149.94		74.97	.001		74.97		.05
	4										
ROOM USE	4	7		350.34		50.05	.002		87.59		.11
CROSSOVERS/ALL OTH OUTPTNT		7		73.64		10.52	.002		36.82		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S M	ONTH-OF-PAYMENT RI	EPOR	T FOR JAN 2	1003 THRU I	DEC	2003	P.	AGE 2,595
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR 185% AND	60	-DAY PP TOTAL, COI	DES	44 47 48 49	69 76				
22 201420 0001111	Bornance of Berry	1020 1011 1000 1110		2111 11 10111111, 001		/ -0 -/	MC	וידואר	HIV AMEDA	CF.	
2 200 ELICIDIES	HCEDC	INTER OF CEDITOR		EADENDIGIDEC	71.7.7				COST PER		
3,208 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		5 (COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	824		\$	704,844.35	\$	195.57	1.123	\$	855.39	\$	219.71
COMM HOSP INPATIENT TOTAL	151	593		637,513.89		1075.07	.185		4221.95		198.73
HSC HOSPITALS	22	158		201,791.07		1277.16	.049		9172.32		62.90
NON-HSC HOSPITALS TOTAL	130	433		434,910.82		1004.41	.135		3345.47		135.57
ACCOMMODATIONS	124	433		179,968.56		415.63	.135		1451.36		56.10
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL ID CARE	0	0		0.0		0.0	000		0.0		0.0

TRANSITIONAL IP CARE

0

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ALL OTHER ACCOM	124	433	179,968.56	415.63	.135	1451.36	56.10
ANCILLARIES	129	0	254,942.26	.00	.000	1976.30	79.47
INPATIENT CROSSOVERS	1	2	812.00	406.00	.001	812.00	.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	764	3,011	67,330.46	22.36	.939	88.13	20.99
MEDICAL	41	54	893.08	16.54	.017	21.78	.28
SURGERY	80	115	3,333.26	28.98	.036	41.67	1.04
PATHOLOGY	513	1,847	29,731.89	16.10	.576	57.96	9.27
RADIOLOGY	107	126	6,509.91	51.67	.039	60.84	2.03
ROOM USE	342	497	18,038.79	36.30	.155	52.75	5.62
CROSSOVERS/ALL OTH OUTPINT	211	372	8,823.53	23.72	.116	41.82	2.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Ų	.00	Ų	.00	.000	Y	.00	Ÿ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0				.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	4	.00	4			ė.		۲.	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	•		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	U	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	79	175	\$	2,890.71	\$	16.52	.055	\$	36.59	\$.90
PATHOLOGY	79	175		2,890.71		16.52	.055		36.59		.90
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	202	532	\$	34,816.48	\$	65.44	.166	\$	172.36	\$	10.85
CLINIC	73	296		10,956.11		37.01	.092		150.08		3.42
SURGICENTER	7	53		1,420.51		26.80	.017		202.93		.44
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	123	183		22,439.86		122.62	.057		182.44		6.99
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	EPORT	' FOR JAN 2	2003 THRU	DEC	2003	PA	GE 2,596
MOP024	FEE-FOR-SERVIC										01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	VICES FOR 185% A	ND 60	-DAY PP TOTAL, CO	DES 4	4 47 48 49	9 69 76				
								O N T CO	TTT 37 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	O E	
							M				
3,208 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST	UNITS/DAY	S (COST PER	C	OST PER
,		OR DAYS OF CAR	Έ		PER	UNIT/DAY	UNITS/DAY PER ELIG	S (COST PER USER	C E	LIGIBLE
3,208 ELIGIBLES @ALL OTHER PROVIDERS	USERS	OR DAYS OF CAR 434		11,701.28		UNIT/DAY 26.96	UNITS/DAY PER ELIG .135	S (COST PER USER 112.51	C E	LIGIBLE 3.65
,	104	OR DAYS OF CAR	Έ		PER	UNIT/DAY	UNITS/DAY PER ELIG	S (COST PER USER	C E	LIGIBLE
@ALL OTHER PROVIDERS	104 1 0	OR DAYS OF CAR 434 3 0	Έ	11,701.28 684.03 .00	PER	UNIT/DAY 26.96 228.01 .00	UNITS/DAY PER ELIG .135	S (COST PER USER 112.51 684.03 .00	C E	LIGIBLE 3.65
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	104 1 0	OR DAYS OF CAR 434 3	Έ	11,701.28 684.03	PER	UNIT/DAY 26.96 228.01	UNITS/DAY PER ELIG .135 .001	S (COST PER USER 112.51 684.03	C E	LIGIBLE 3.65 .21
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	104 1 0	OR DAYS OF CAR 434 3 0	Έ	11,701.28 684.03 .00	PER	UNIT/DAY 26.96 228.01 .00	UNITS/DAY PER ELIG .135 .001 .000	S (COST PER USER 112.51 684.03 .00	C E	3.65 .21 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	104 1 0	OR DAYS OF CAR 434 3 0 0	Έ	11,701.28 684.03 .00	PER	UNIT/DAY 26.96 228.01 .00 .00	UNITS/DAY PER ELIG .135 .001 .000 .000	S (USER 112.51 684.03 .00	C E	3.65 .21 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	104 1 0 0 22	OR DAYS OF CAR 434 3 0 0 349	Έ	11,701.28 684.03 .00 .00 2,708.47	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76	UNITS/DAY PER ELIG .135 .001 .000 .000 .109	S (USER 112.51 684.03 .00 .00 123.11	C E	3.65 3.65 .21 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	104 1 0 0 22 22	OR DAYS OF CAR 434 3 0 0 349 349	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109	S (USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00	C E	3.65 .21 .00 .00 .84 .84
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	104 1 0 0 22 22	OR DAYS OF CAR 434 3 0 0 349 349 0	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000	S (USER 112.51 684.03 .00 .00 123.11 123.11 .00	C E	3.65 .21 .00 .00 .84 .84
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	104 1 0 0 22 22	OR DAYS OF CAR 434 3 0 0 349 349 0	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000	S (USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	104 1 0 0 22 22	OR DAYS OF CAR 434 3 0 349 349 0 0 0	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (USER USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	104 1 0 0 22 22 22 0 0 0	OR DAYS OF CAR 434 3 0 0 349 349 0 0 0 0	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (USER USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00 .00 .00 .00 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	104 1 0 0 22 22 22 0 0 0 0 79	OR DAYS OF CAR 434 3 0 0 349 349 0 0 0 79	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00 .00	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00 .00 .00	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (USER USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	104 1 0 0 22 22 22 0 0 0 0 79	OR DAYS OF CAR 434 3 0 0 349 349 0 0 0 79	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00 .00 .00 8,192.50	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (USER USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00 .00 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	104 1 0 0 22 22 22 0 0 0 0 79	OR DAYS OF CAR 434 3 0 0 349 349 0 0 0 79	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00 .00 .00 8,192.50 .00	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (USER USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00 .00 .00 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	104 1 0 0 22 22 22 0 0 0 0 79	OR DAYS OF CAR 434 3 0 0 349 349 0 0 0 79	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00 .00 .00 8,192.50 .00 .00 .00	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (USER USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00 .00 .00 .00 .00 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	104 1 0 0 22 22 22 0 0 0 0 79	OR DAYS OF CAR 434 3 0 0 349 349 0 0 0 79	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00 .00 .00 8,192.50 .00 .00 .00	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (USER USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00 .00 .00 .00 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	104 1 0 0 22 22 22 0 0 0 0 79	OR DAYS OF CAR 434 3 0 0 349 349 0 0 0 79	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00 .00 .00 8,192.50 .00 .00 .00	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (USER USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00 .00 .00 .00 .00 .00 .00
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@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF,NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	104 1 0 0 22 22 22 0 0 0 0 79	OR DAYS OF CAR 434 3 0 0 349 349 0 0 0 79	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00 .00 .00 .00 .00 .00 .0	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (USER USER 112.51 684.03 .00 .00 .00 .00 .00 .00 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00 .00 .00 .00 .00 .00 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	104 1 0 0 22 22 22 0 0 0 0 79	OR DAYS OF CAR 434 3 0 0 349 349 0 0 0 79	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00 .00 .00 .00 .00 .00 .0	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (COST PER USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00 .00 .00 .00 .00 .00 .00 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	104 1 0 0 22 22 22 0 0 0 0 79	OR DAYS OF CAR 434 3 0 0 349 349 0 0 0 79	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00 .00 .00 .00 .00 .00 .0	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (COST PER USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	104 1 0 0 22 22 22 0 0 0 0 79	OR DAYS OF CAR 434 3 0 0 349 349 0 0 0 79	Έ	11,701.28 684.03 .00 .00 2,708.47 2,708.47 .00 .00 .00 .00 .00 .00 .00 .0	PER	UNIT/DAY 26.96 228.01 .00 .00 7.76 7.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .135 .001 .000 .000 .109 .109 .000 .000 .000	S (COST PER USER 112.51 684.03 .00 .00 123.11 123.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	C E	3.65 .21 .00 .00 .84 .84 .00 .00 .00 .00 .00 .00 .00 .00 .00

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LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES*

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,597 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

Description Service Service								M	ONTI	HLY AVERA	GE ·	
TOTAL, ALL PROVIDERS	552 ELIGIBLES	USERS UN	IITS OF SERVICE	:	EXPENDITURES	AVERAG	E COST					COST PER
## ACTIONAL ALL PROVIDERS										USER		ELIGIBLE
DEPAYSICIANS SERVICES 111 285 \$ 4,648.29 \$ 16.31 516 \$ 41.88 \$ 8.42 OUTPATIENT VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@TOTAL, ALL PROVIDERS				183.495.33							
OUTPATIENT VISITS 0 0 0 0 0 00 000 000 000 000 000 000												
OFFICE VISITS				т.		т –			т.		т.	
BOME VISITS												
EMERGENCY ROOM			0									
PREVENTIVE CARE			0									
ON VISITS/COMPRE PERI		Ô	0									
OTHER OUTPAITINT		Ô	0									
INPATIENT VISITS 0 0 0 0.00 .00 .000 .00 .00 .00 .00 .0		0	0									
HOSPITAL VISITS		· ·	0									
CRITICAL CARE ON ON OND OND OND OND OND OND OND OND ON		0	0									
SEF/ICF/TRANS IF CARE 0 0 0 0 0 00 000 000 000 000 000 000		0	0									
OPHTHALMOLOGICAL SERVICES		0	0									
EXAMINATIONS SERVICES AND MATERIALS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0									
SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
INPATIENT HOSPITAL SURGERY		0	0									
PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U	0									
ASSISTAMT SURGEON ANSTHESIOLOGIST 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0		•	0									
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OUTPATIENT SURGERY		0	0									
PRINCIPAL SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 ASISTANT SURGEON 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .		0	0									
ASSISTANT SURGEON ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0				.00	.000				
DIALYSIS DATACLOGY PATHOLOGY O RADIOLOGY PATHOLOGY O RADIOLOGY RADIOLOGY PSYCHIATRY O O O O O O O O O O O O O O O O O O O	ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANESTHESIOLOGIST	0	0				.00	.000		.00		.00
RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIALYSIS	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	PATHOLOGY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	RADIOLOGY	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	PSYCHIATRY	0	0		.00		.00	.000		.00		.00
## PHARMACY	IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
PRESCRIPTION DRUGS 433 1,741 107,434.39 61.71 3.154 248.12 194.63 SNF/ICF 12 75 3,261.27 43.48 136 271.77 5.91 OUTPATIENTS 422 1,666 104,173.12 62.53 3.018 246.86 188.72 MEDICAL SUPPLIES 45 2,116 3,975.48 1.88 3.833 88.34 7.20 GENTIST 20 63 \$ 2,020.00 \$ 32.06 .114 \$ 101.00 \$ 3.66 VISITS - DIAGNOSTIC 14 47 635.00 13.51 .085 45.36 1.15 ORAL SURGERY 1 1 1 85.00 85.00 .002 85.00 .15 ORAL SURGERY 1 1 1 85.00 85.00 .002 85.00 .15 ORAL SURGERY 1 1 1 85.00 85.00 .002 85.00 .15 ORAL SURGERY 1 1 1 1 55.00 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	OTHER SERVICES/ALL X-OVERS	111	285		4,648.29	1	6.31	.516		41.88		8.42
SNF/ICF	@PHARMACY	437	3,857	\$	111,409.87	\$ 2	8.89	6.987	\$	254.94	\$	201.83
SNF/ICF	PRESCRIPTION DRUGS	433		•		. 6	1.71			248.12		
OUTPATIENTS 422 1,666 104,173.12 62.53 3.018 246.86 188.72 MEDICAL SUPPLIES 45 2,116 3,975.48 1.88 3.833 88.34 7.20 ©DENTIST 20 63 \$ 2,020.00 \$ 32.06 .114 \$ 101.00 \$ 3.66 VISITS - DIAGNOSTIC 14 47 635.00 13.51 .085 45.36 1.15 ORAL SURGERY 1 1 1 85.00 85.00 .002 85.00 .15 DRUGS 0 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 .00 <t< td=""><td>SNF/ICF</td><td>12</td><td>75</td><td></td><td></td><td>4</td><td>3.48</td><td>.136</td><td></td><td>271.77</td><td></td><td>5.91</td></t<>	SNF/ICF	12	75			4	3.48	.136		271.77		5.91
MEDICAL SUPPLIES 45 2,116 3,975.48 1.88 3.833 88.34 7.20 @DENTIST 20 63 \$ 2,020.00 \$ 32.06 .114 \$ 101.00 \$ 3.66 VISITS - DIAGNOSTIC 14 47 635.00 13.51 .085 45.36 1.15 ORAL SURGERY 1 1 1 85.00 85.00 .002 85.00 .15 DRUGS 0 0 0 .00 .												
@DENTIST 20 63 \$ 2,020.00 \$ 32.06 .114 \$ 101.00 \$ 3.66 VISITS - DIAGNOSTIC 14 47 635.00 13.51 .085 45.36 1.15 ORAL SURGERY 1 1 85.00 85.00 .002 85.00 .15 DRUGS 0 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00			·									
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ORAL SURGERY 1 1 85.00 85.00 .002 85.00 .15 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 1 1 1 55.00 .55.00 .00 .00 .00 ENDODONTICS 0 0 .00				Ψ.					Τ.		Ψ.	
DRUGS 0 0 0 0 0 0 0 00 00 00 00 00 00 00 00			= :									
ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00						O						
PERIODONTICS 1 1 55.00 55.00 .002 55.00 .10 ENDODONTICS 0 0 0 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 4 11 940.00 85.45 .020 235.00 1.70 PROSTHETICS 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 2 3 305.00 101.67 .005 152.50 .55 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 .00 .00 .00 <td< td=""><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>			0									
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PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .55 .55 .55 .55 .55 .55 .55 .55 .55 .55 .55 .00		0	-			0						
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SPACE MAINTAINERS 0 0 .00 <		0	0			1.0						
MAXILLOFACIAL SERVICES 0 0 .00 </td <td></td> <td>2</td> <td>3</td> <td></td> <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		2	3			10						
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,598		•	•									
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	#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RE	EPORT FO	R JAN 2	2003 THRU	DEC	2003	P	AGE 2,598

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

01/29/04

EL DORADO COUNTY

EL DORADO COUNTY	SUMMARY OF SERVIC	ES FOR TITLE II DISE	REGARD - AGED		AID CODE	16		
						MONT	HLY AVERAG	E
552 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES			UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	8	20 \$	340.99	\$	17.05	.036 \$	42.62	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	Υ	.00	.000	.00	.00
		17	287.09					
EYE APPLIANCES	6				16.89	.031	47.85	.52
OTHER OPTOMETRIC SERVICES	2	3	53.90		17.97	.005	26.95	.10
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	3	3 \$	46.92	\$	15.64	.005 \$	15.64	
MEDICINE/INJECTIONS	0	0	.00	Υ	.00	.000	.00	.00
	0	Ö	.00		.00	.000	.00	.00
SURGERY/ANES.	0							
RADIO./PATHOLOGY	U	0	.00		.00	.000	.00	.00
OTHER	3	3	46.92		15.64	.005	15.64	.09
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	Ė	.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	ć	.00	.000 \$		\$.00
	86	241 \$	11,534.76	\$	47.86			\$ 20.90
@TOTAL HOSPITAL		•		Ą				•
HOSP INPATIENT TOTAL	11	29	8,364.00		288.41	.053	760.36	15.15
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	Ô	.00		.00	.000	.00	.00
	0	0	.00		.00	.000	.00	.00
ANCILLARIES								
INPATIENT CROSSOVERS	11	29	8,364.00		288.41	.053	760.36	15.15
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	78	212	3,170.76		14.96	.384	40.65	5.74
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
	0	0						
ROOM USE			.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	78	212	3,170.76		14.96	.384	40.65	5.74
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	Û	n	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
	0	0						
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	Ü	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0						
	0	0	.00		.00	.000	.00	.00
RADIOLOGY	U	U	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	NTH-OF-PAYMENT R	REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 2,599
MOP024	FEE-FOR-SERVICE/D	ENTAL						01/29/04
ET DOBADO COUNTY		יס דר שויידי מרש סיב	DECYDD YCED		YID CODE	16		

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

							M	חדתו	HIV VILDA	CF	
552 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST			COST PER		COST PER
	0.0	OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	86	241	\$	11,534.76	\$	47.86	.437	\$	134.13	\$	20.90
COMM HOSP INPATIENT TOTAL	11	29		8,364.00		288.41	.053		760.36		15.15
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	11	29		8,364.00		288.41	.053		760.36		15.15
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	78	212		3,170.76		14.96	.384		40.65		5.74
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	78	212	d	3,170.76	d	14.96	.384	4	40.65	4	5.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0 0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED @NURSING FACILITY	10	0	Ċ	.00	d	.00	.000	4	.00	4	.00
WNORSING FACILITY LEV A-INTERMEDIATE	0	324 0	\$	42,954.85	\$	132.58	.587	\$	4295.49	\$	77.82 .00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	324		42,954.85		132.58	.587		4295.49		77.82
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ψ	.00	Υ	.00	.000	Υ	.00	Υ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	6.25	\$	6.25	.002	\$	6.25	\$.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		6.25		6.25	.002		6.25		.01
@ORGANIZED OUTPATIENT CLINIC	28	41	\$	3,750.50	\$	91.48	.074	\$	133.95	\$	6.79
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	8	9		1,828.62		203.18	.016		228.58		3.31
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	20	32		1,921.88		60.06	.058		96.09		3.48
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN 2	2003 THRU	DEC	2003	P.	AGE 2,600
MOP024	FEE-FOR-SERVICE										01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED		AID CODE					
							M				
552 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
CALL OFFICE PROCESS		OR DAYS OF CARE		6 500 00		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	53	264	\$	6,782.90		25.69	.478	\$	127.98	\$	12.29
DURABLE MED. EQUIP.	1	17		322.00		18.94	.031		322.00		.58
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	3	92		183.19		1.99	.167		61.06		.33

AMDIII ANGRO / ATD TO ANG	0	0	.00	.00	.000	.00	0.0
AMBULANCES/AIR TRANS	U	U					.00
OTHER TRANS	1	3	33.11	11.04	.005	33.11	.06
OTHER SERVICES	2	89	150.08	1.69	.161	75.04	.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	38	3,078.66	81.02	.069	513.11	5.58
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	20	232.48	11.62	.036	25.83	.42
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	62.90	20.97	.005	62.90	.11
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	34	94		2,903.67	30.89	.170	85.40	5.26
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	215	772	\$	24,918.72	\$ 32.28	1.399	\$ 115.90	\$ 45.14
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	TNFORMATION	TTEM ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 2,601 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISI	REGARD - BLIND	ALD CODES 26			
						THLY AVERAGI	
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21	196 \$	8,778.95	\$ 44.79	11.529 \$		\$ 516.41
@PHYSICIANS SERVICES	11	33 \$	182.38	\$ 5.53	1.941 \$		\$ 10.73
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	33	182.38	5.53	1.941	16.58	10.73
@PHARMACY	21	76 \$	5,320.23	\$ 70.00	4.471 \$		
PRESCRIPTION DRUGS	21	76	5,320.23	70.00	4.471	253.34	312.95
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	21	76	5,320.23	70.00	4.471	253.34	312.95
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	21 \$	453.00	\$ 21.57	1.235 \$		
VISITS - DIAGNOSTIC	1	10	59.00	5.90	.588	59.00	3.47
ORAL SURGERY	2	10	394.00	39.40	.588	197.00	23.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

	0	0	.00	0.0	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00			
PROSTHETICS	Ü	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	.00	.00	.059	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	Ô	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES							
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DE	iC 2003	PAGE 2,602
MOP024	FEE-FOR-SERVICE						01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DI	SREGARD - BLIND	AID CODES 26	6 6 A		
					MON	THLY AVERAC	BE
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		
	0	0	.00	.00	.000	.00	•
DIAGNOSTIC AND ANC. PROCED							.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		
	0	0 Ş 0					•
MEDICINE/INJECTIONS	U	•	.00	.00	.000	.00	.00
SURGERY/ANES.	Ü	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
	0						•
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	11	51 \$	1,079.90	\$ 21.17	3.000 \$	98.17	\$ 63.52
HOSP INPATIENT TOTAL	1	6	840.00	140.00	.353	840.00	49.41
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ô	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ü	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	840.00	140.00	.353	840.00	49.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	45	239.90	5.33	2.647	23.99	14.11
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY	0	0					
PATHOLOGY	Ü	Ü	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10	45	239.90	5.33	2.647	23.99	14.11
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0		.00			
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0		0			.00		.00	.00		.00		.00
MEDICAL	0		0			.00		.00	.00		.00		.00
SURGERY	0		0			.00		.00	.00		.00		.00
PATHOLOGY	0		0			.00		.00	.00)	.00		.00
RADIOLOGY	0		0			.00		.00	.00)	.00		.00
ROOM USE	0		0			.00		.00	.00)	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	.00)	.00		.00
	MEDI-CAL SERVI	CES AND EXP	-	RES MON	TH-OF-		EDORT					DΔ(GE 2,6
MOP024	FEE-FOR-SERVIC		DI11D I I O	TCES TIST			DI 01(1	1010 01114	2005 11110	, ,,	. 2005		01/29/
EL DORADO COUNTY	SUMMARY OF SER		ק.דיידיד	TT DTG	PECAPD	- BI.TND	ΔTD	CODES 26	6 A				01/20/
EL DORADO COUNTI	SUMMANT OF SER	VICES FOR	111111	II DISI	CEGARD	- ВПТИР	AID	CODES ZO		MONT	HLY AVERA	CF	
17 ELIGIBLES	USERS	UNITS OF	CEDVITO	r	EVDE	NDITURES	7/1/17	RAGE COST			COST PER		OST PER
I/ EDIGIBLES	CALICO	OR DAYS			EAFE	NDIIORES		UNIT/DAY			USER		LIGIBLE
COMMINITEN HORDER VERTICAL TOTAL	11	OK DAIS	-			1,079.90			3.00		98.17		
COMMUNITY HOSPITAL TOTAL	11		51	\$			\$	21.17				Þ	63.52
COMM HOSP INPATIENT TOTAL	1		6			840.00		140.00	.35		840.00		49.41
HSC HOSPITALS	0		0			.00		.00	.00		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.00)	.00		.00
ACCOMMODATIONS	0		0			.00		.00	.00)	.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.00)	.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.00)	.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.00)	.00		.00
ANCILLARIES	0		Ô			.00		.00	.00		.00		.00
INPATIENT CROSSOVERS	1		6			840.00		140.00	.35		840.00		49.42
ALL OTHER INPATIENT	0		0			.00		.00	.00		.00		.00
	10		4 5										
COMM HOSP OUTPATIENT TOTAL			45			239.90		5.33	2.64		23.99		14.11
MEDICAL	0		0			.00		.00	.00		.00		.00
SURGERY	0		0			.00		.00	.00		.00		.00
PATHOLOGY	0		0			.00		.00	.00		.00		.00
RADIOLOGY	0		0			.00		.00	.00)	.00		.00
ROOM USE	0		0			.00		.00	.00)	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	10		45			239.90		5.33	2.64	7	23.99		14.11
STATE HOSPITAL	0		0	\$.00	\$.00	.00		.00	\$.00
MENTALLY ILL	0		Ô	т		.00	т.	.00	.00		.00	7	.00
DEVELOP. DISABLED	0		Ö			.00		.00	.00		.00		.00
NURSING FACILITY	0		0	\$.00	\$.00	.00		.00	\$.00
LEV A-INTERMEDIATE	0		0	ų		.00	Ą	.00	.00		.00	Ą	.00
	0		0										
LEV B-REHAB MD	U		0			.00		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0			.00		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			.00		.00	.00)	.00		.00
LEV B-REGULAR	0		0			.00		.00	.00)	.00		.00
INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.00) \$.00	\$.00
ICF DDH	0		0			.00	•	.00	.00)	.00	-	.00
ICF DD	0		Ö			.00		.00	.00		.00		.00
ICF DDN/DDCN	ñ		0			.00		.00	.00		.00		.00
HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.00		.00	\$.00
HOSPITAL BASED	0		0	Y		.00	Y	.00	.00		.00	Y	.00
	U O		0										
HEMODIALYSIS CENTER	U			Á		.00	à	.00	.00		.00	4	.00
REHABILITATION FACILITY	Ü		0	Ş		.00	\$.00) \$.00	Ş	.00
HOSPITAL BASED	0		0			.00		.00	.00		.00		.00
INDEPENDENT FACILITY	0		0			.00		.00	.00		.00		.00
LABORATORY FACILITY	0		0	\$.00	\$.00) \$.00	\$.00
PATHOLOGY	0		0			.00		.00	.00)	.00		.00
XO AND OTHERS	0		0			.00		.00	.00		.00		.00
ORGANIZED OUTPATIENT CLINIC	1		7	\$		207.21	\$	29.60	.41		207.21	\$	12.19
CLINIC	n		'n	Υ		.00	~	.00	.00		.00	~	.00
SURGICENTER	1		7			207.21		29.60	.41		207.21		12.19
			^										
HEROIN DETOX CLINIC	U		U			.00		.00	.00		.00		.00
RURAL HEALTH CLINIC	^		0			.00		.00	.00	`	.00		.00

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

HE DOIGHO COUNTI	DOMINIATE OF DELICAT	CDD FOR TITED IT DI	JICHOLICO DILLIND	TITO CODED 20	011		
					MON	NTHLY AVERA	GE
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	8 \$	1,536.23	\$ 192.03	.471 \$	512.08	\$ 90.37
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8	1,536.23	192.03	.471	512.08	90.37
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	13	78 \$	1,262.28	\$ 16.18	4.588	97.10	\$ 74.25
@* TOTALC IN THECE LINES ADD	CITIENT AC A CEDADI	THE THEODMATTON TTEM (

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,605 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE ------

					1-1014	T1111 T 11V 11C1	J L
482 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	382	5,175 \$	166,358.40	\$ 32.15	10.737 \$	435.49	\$ 345.14
@PHYSICIANS SERVICES	59	127 \$	1,770.78	\$ 13.94	.263 \$	30.01	\$ 3.67
OUTPATIENT VISITS	1	1	45.76	45.76	.002	45.76	.09
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.002	45.76	.09
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	87.79	43.90	.004	43.90	.18
EXAMINATIONS	1	1	57.79	57.79	.002	57.79	.12
SERVICES AND MATERIALS	1	1	30.00	30.00	.002	30.00	.06

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	3	105.36	35.12	.006	105.36	.22
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.006	105.36	.22
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	146.97	36.74	.008	146.97	.30
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	52.90	52.90	.002	52.90	.11
OTHER SERVICES/ALL X-OVERS	56	116	1,332.00	11.48	.241	23.79	2.76
@PHARMACY	311	1,510	\$ 139,481.84	\$ 92.37	3.133	\$ 448.49	\$ 289.38
PRESCRIPTION DRUGS	310	1,097	138,791.05	126.52	2.276	447.71	287.95

SNF/ICF	17	54		2,230.22		41.30	.112		131.19		4.63
OUTPATIENTS	294	1,043	13	36,560.83		130.93	2.164		464.49		283.32
MEDICAL SUPPLIES	10	413		690.79		1.67	.857		69.08		1.43
@DENTIST	35	166	\$	8,033.00	\$	48.39	.344	\$	229.51	\$	16.67
VISITS - DIAGNOSTIC	24	95		1,384.00		14.57	.197		57.67		2.87
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	3	4		655.00		163.75	.008		218.33		1.36
ENDODONTICS	4	9		2,245.00		249.44	.019		561.25		4.66
RESTORATIVE DENTISTRY	13	46		3,219.00		69.98	.095		247.62		6.68
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	12		530.00		44.17	.025		530.00		1.10
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF-	-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PAG	E 2,606
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- DISABLE	D AID	CODES 36	66 6C				

----- MONTHLY AVERAGE -----482 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 28 19.87 .058 \$ 50.58 \$ @OPTOMETRIST 11 556.42 1.15 DIAGNOSTIC AND ANC. PROCED 4 4 150.36 37.59 .008 37.59 .31 .050 406.06 16.92 50.76 .84 EYE APPLIANCES 24 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 0 .00 @CHIROPRACTOR .00 .00 .000 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 385.76 @PODIATRIST 13 29.67 .027 64.29 .80 .000 .00 .00 .00 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 13 385.76 29.67 .027 64.29 .80 .00 .00 .000 \$.00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 NURSE MIDWIFE .00 .00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 .000 .00 .00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL 357 7,511.49 21.04 .741 113.81 15.58 HOSP INPATIENT TOTAL 19 3,917.00 206.16 .039 783.40 8.13 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 .000 .00 .00 .000 ANCILLARIES 0 .00 .00 .00 INPATIENT CROSSOVERS 19 3,917.00 206.16 .039 783.40 8.13 ALL OTHER INPATIENT 0 .000 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 61 338 3,594.49 10.63 .701 58.93 7.46 MEDICAL 3 5.92 1.97 .006 2.96 .01 SURGERY 3 152.39 50.80 .006 50.80 .32 97 472.19 4.87 .201 78.70 .98 PATHOLOGY RADIOLOGY 0 .00 .00 .000 .00 .00 12 598.61 99.77 ROOM USE 49.88 .025 1.24 223 2,365.38 10.61 45.49 4.91 CROSSOVERS/ALL OTH OUTPTNT 52 .463 @COUNTY HOSPITAL TOTAL .00 \$.00 .000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 2,607
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

EL DORADO COUNTY	SUMMARY OF SERV	/ICES FOR IIILI	7 II DI	SKEGARD - DISABLE	D AID	CODES 36		`		αп	
400 51 16151 56	Hanna				3		MO				
482 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES			UNITS/DAYS	5			COST PER
		OR DAYS OF CA		T 511 40			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	66	357	\$	7,511.49	\$	21.04	.741	Ş	113.81	Ş	15.58
COMM HOSP INPATIENT TOTAL	5	19		3,917.00		206.16	.039		783.40		8.13
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	19		3,917.00		206.16	.039		783.40		8.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	61	338		3,594.49		10.63	.701		58.93		7.46
MEDICAL	2	3		5.92		1.97	.006		2.96		.01
SURGERY	3	3		152.39		50.80	.006		50.80		.32
PATHOLOGY	6	97		472.19		4.87	.201		78.70		.98
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	6	12		598.61		49.88	.025		99.77		1.24
CROSSOVERS/ALL OTH OUTPTNT	52	223		2,365.38		10.61	.463		45.49		4.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00		\$.00	Ġ	.00
HOSPITAL BASED	0	0	т	.00	т	.00	.000	т.	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	Ō	0	т	.00	т	.00	.000	т.	.00	т.	.00

INDEPENDENT FACILITY	0	0	.00	1	.00	.000	.00		.00
@LABORATORY FACILITY	1	1 5	60.25	\$	60.25	.002	\$ 60.25	\$.13
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	1	1	60.25		60.25	.002	60.25		.13
@ORGANIZED OUTPATIENT CLINIC	12	18	822.90	\$	45.72	.037	\$ 68.58	\$	1.71
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	1	2	93.85		46.93	.004	93.85		.19
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	11	16	729.05		45.57	.033	66.28		1.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC 2003	PAG	GE 2,608
MOP024	FEE-FOR-SERVICE/DEN	JTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD - DISABI	ED AII	CODES 36	66 6C			

----- MONTHLY AVERAGE -----482 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 60 2,955 7,735.96 2.62 6.131 \$ 128.93 \$ 16.05 DURABLE MED. EQUIP. 8 44 1,551.37 35.26 .091 193.92 3.22 BLOOD BANK Ω 0 .00 . 00 .000 . 00 . 00 HEARING AID DISPENSERS Ω 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 MEDICAL TRANSPORTATION .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 0 .00 .00 .000 .00 .00 OTHER TRANS .00 .000 . 00 . 00 OTHER SERVICES . 00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .021 IHMC, MODEL-NF, NF, AIDS, MSSP 10 1,438,35 143.84 479.45 2.98 OCCUPATIONAL THERAPIST Ω 0 .00 .000 .00 .00 .00 OPTICIAN 10 23 299.35 13.02 .048 29.94 .62 PHYSICAL THERAPIST Ω Ω .00 .00 .000 .00 .00 PORTABLE X-RAY Ω 0 .00 .00 .000 . 00 .00 .000 .00 PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 Ω .00 .00 .00 .000 .00 PROSTHETICS ORTHOTICS .00 . 00 .000 . 00 . 00 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 979.42 108.82 SPEECH AND AUDIOLOGY 23 42.58 .048 2.03 Ω .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 0 .00 .00 .000 .00 .00 0 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 0 0 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 ALL OTHER PROVIDERS 2,855 3,467.47 1.21 5.923 101.98 7.19 @CALIF. CHILDREN SERVICES* 1 3 152.29 50.76 .006 \$ 152.29 .32 9,742.06 Ś @XOVER EXCLUDING STATE HOSP** 124 1,243 7.84 2.579 \$ 78.57 20.21

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,609
MOPD 24 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

MONTHI V AMEDACE

					MON	IIHLI AVEKA	.GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE							
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
	0	0					.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	U	U	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	Ô	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
PATHOLOGY	0	0		.00			
RADIOLOGY	U	U	.00	.00	.000	.00	.00
PSYCHIATRY	0	Ü	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	U	U	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	^	_					0.0
	Ü	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000		.00
DENTURES, STAYPLATES	0	0 0 0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES SPACE MAINTAINERS	0 0	0 0 0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	0 0 0	0 0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	0 0 0 0	0 0 0 0	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0 0 0 0	0 0 0 0 0	.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVIC	0 ES AND EXPENDITURES MOI	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURES MOI /DENTAL	.00 .00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURES MOI	.00 .00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURES MOI /DENTAL	.00 .00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURES MOI /DENTAL	.00 .00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2	.000 .000 .000 .000 .000 .000 003 THRU DEC	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDITURES MOI /DENTAL ICES FOR TITLE II DISI UNITS OF SERVICE	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU	.000 .000 .000 .000 .000 .000 003 THRU DEC	.00 .00 .00 .00 .00 .00 .2 2003	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 ES AND EXPENDITURES MOD /DENTAL ICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE REGARD - FAMILIES EXPENDITURES	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY	.000 .000 .000 .000 .000 .000 003 THRU DEC	.00 .00 .00 .00 .00 .00 2 2003 CHLY AVERAGE COST PER USER	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04 SE COST PER ELIGIBLE
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	0 ES AND EXPENDITURES MOD /DENTAL ICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 .00 .00 .00 NTH-OF-PAYMENT RE REGARD - FAMILIES EXPENDITURES .00	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY \$.00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.00 .00 .00 .00 .00 .00 2 2003 CHLY AVERAGE COST PER USER .00	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04 SE COST PER ELIGIBLE \$.00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	0 ES AND EXPENDITURES MOD /DENTAL ICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE REGARD - FAMILIES EXPENDITURES .00 .00	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.00 .00 .00 .00 .00 .00 2 2003 THLY AVERAGE COST PER USER .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04 GE COST PER ELIGIBLE \$.00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	O ES AND EXPENDITURES MOI /DENTAL ICES FOR TITLE II DISI UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE REGARD - FAMILIES EXPENDITURES .00 .00	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000	.00 .00 .00 .00 .00 .00 2 2003 THLY AVERAGE COST PER USER .00 .00	.00 .00 .00 .00 .00 PAGE 2,610 01/29/04 GE COST PER ELIGIBLE \$.00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	O ES AND EXPENDITURES MOI /DENTAL ICES FOR TITLE II DISI UNITS OF SERVICE OR DAYS OF CARE O O O O	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE REGARD - FAMILIES EXPENDITURES .00 .00	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 .00 .00 .00 .00 .2003 THLY AVERAGE COST PER USER .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04 GE COST PER ELIGIBLE \$.00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0	O ES AND EXPENDITURES MOI /DENTAL ICES FOR TITLE II DISI UNITS OF SERVICE OR DAYS OF CARE O O O O O S	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE REGARD - FAMILIES EXPENDITURES .00 .00 .00	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 .00 .00 .00 .00 .2003 THLY AVERAGE COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0	O ES AND EXPENDITURES MOI /DENTAL ICES FOR TITLE II DISI UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE REGARD - FAMILIES EXPENDITURES .00 .00 .00	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .2 2003 THLY AVERAGE COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0	O ES AND EXPENDITURES MOI/DENTAL ICES FOR TITLE II DISI UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE REGARD - FAMILIES EXPENDITURES .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0	O ES AND EXPENDITURES MOI /DENTAL ICES FOR TITLE II DISI UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE REGARD - FAMILIES EXPENDITURES .00 .00 .00	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0	O ES AND EXPENDITURES MOI/DENTAL ICES FOR TITLE II DISI UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RE REGARD - FAMILIES EXPENDITURES .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES MOI/DENTAL ICES FOR TITLE II DISI UNITS OF SERVICE OR DAYS OF CARE O O O O O O S O O S O O S O O S O O S O O S O S O O S	.00 .00 .00 .00 .00 .00 .00 NTH-OF-PAYMENT RESEMBLIES EXPENDITURES .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PORT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 2,610 01/29/04 SE COST PER ELIGIBLE \$.00 .00 .00 .00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	RES MONTH-OF	-PAYMENT REPO	RT FOR JAN 20	03 THRU DEC	2003	PAGE 2,611	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	TITLE I	II DISREGARD	- FAMILIES	DISCONTINUE				
					-	MONTH	ILY AVERAG	E	

					MON'	I'HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONT	H-OF-PAYMENT RE	PORT FOR	JAN 200)3 THRU	DEC	2003	PAGE	2,612
MOP024	FEE-FOR-SERVICE/DENTAL									01	/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREC	GARD - FAMILIES	DISC	ONTINUEI)				

----- MONTHLY AVERAGE -----

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 .00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

OR DAYS OF CARE

1,051 ELIGIBLES USERS

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

@OPTOMETRIST	19	48	\$	897.41	\$	18.70	.046	\$	47.23	\$.85
DIAGNOSTIC AND ANC. PROCED	4	4		150.36		37.59	.004		37.59		.14
EYE APPLIANCES	14	41		693.15		16.91	.039		49.51		.66
OTHER OPTOMETRIC SERVICES	2	3		53.90		17.97	.003	_	26.95		.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	16	\$	432.68	\$	27.04	.015	\$	48.08	\$.00 .41
MEDICINE/INJECTIONS	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	9	16		432.68		27.04	.015		48.08		.41
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	163	649	ې خ	20,126.15	\$ \$.00 31.01	.000 .618	\$ \$	123.47	\$ \$.00 19.15
HOSP INPATIENT TOTAL	17	54	Ą	13,121.00	Ą	242.98	.051	Ą	771.82	Ą	12.48
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	17 0	54 0		13,121.00		242.98	.051		771.82		12.48
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	149	595		.00 7,005.15		.00 11.77	.000 .566		.00 47.01		.00 6.67
MEDICAL	2	3		5.92		1.97	.003		2.96		.01
SURGERY	3	3		152.39		50.80	.003		50.80		.14
PATHOLOGY	6	97		472.19		4.87	.092		78.70		.45
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	6	12		598.61		49.88	.011		99.77		.57
CROSSOVERS/ALL OTH OUTPTNT	140	480		5,776.04		12.03	.457		41.26		5.50
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0		.00		.00 .00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL SURGERY	0	0		.00		.00 .00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	r for Jan 20	003 THRU I	DEC	2003	PA	GE 2,615
MOP024	FEE-FOR-SERVICE										01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II DIS	SREGARD - TOTAL						~-	
1 OS1 FITCIDIES	USERS	INTTO OF CERTICA	c	EADEMD1441DEC	7. 7.7.7		M(
1,051 ELIGIBLES	USEKS	UNITS OF SERVICE OR DAYS OF CAR		EXPENDITURES		ERAGE COST (R UNIT/DAY) ر	USER		OST PER LIGIBLE
@COMMUNITY HOSPITAL TOTAL	163	649	\$	20,126.15	\$	31.01	.618	\$	123.47		19.15
				•	•			-			

COMM HOSP INPATIENT TOTAL	17	54	13,121.00	242.98	.051	771.82	12.48
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	17	54	13,121.00	242.98	.051	771.82	12.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	149	595	7,005.15	11.77	.566	47.01	6.67
MEDICAL	2	3	5.92	1.97	.003	2.96	.01
SURGERY	3	3	152.39	50.80	.003	50.80	.14
PATHOLOGY	6	97	472.19	4.87	.092	78.70	. 45
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	6	12	598.61	49.88	.011	99.77	.57

CROSSOVERS/ALL OTH OUTPTNT	140	480		5,776.04		12.03	.457		41.26		5.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	10	324	\$	42,954.85	\$	132.58	.308	\$	4295.49	\$	40.87
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	324		42,954.85		132.58	.308		4295.49		40.87
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	66.50	\$	33.25	.002	\$	33.25	\$.06
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	2		66.50		33.25	.002		33.25		.06
@ORGANIZED OUTPATIENT CLINIC	41	66	\$	4,780.61	\$	72.43	.063	\$	116.60	\$	4.55
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	10	18		2,129.68		118.32	.017		212.97		2.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	48		2,650.93		55.23	.046		85.51		2.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES M	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2003 THRU	DEC	2003	PA	GE 2,616
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DI:	SREGARD - TOTAL							
							M	TNO	HLY AVERA	GE -	

1,051 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	116	3,227 \$	16,055.09	\$ 4.98	3.070 \$	138.41	\$ 15.28
DURABLE MED. EQUIP.	9	61	1,873.37	30.71	.058	208.15	1.78
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	92	183.19	1.99	.088	61.06	.17
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	3	33.11	11.04	.003	33.11	.03
OTHER SERVICES	2	89	150.08	1.69	.085	75.04	.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	48	4,517.01	94.10	.046	501.89	4.30
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	43	531.83	12.37	.041	27.99	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	62.90	20.97	.003	62.90	.06
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	31	2,515.65	81.15	.029	209.64	2.39
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	68	2,949	6,371.14	2.16	2.806	93.69	6.06
@CALIF. CHILDREN SERVICES*	1	3	\$ 152.29	\$ 50.76	.003	\$ 152.29	\$.14
@XOVER EXCLUDING STATE HOSP**	352	2,093	\$ 35,923.06	\$ 17.16	1.991	\$ 102.05	\$ 34.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,617 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

EL DORADO COUNTI	SUMMARI OF SER	VICES FOR IN HOME	SUPP	ORI - AGED	AID CODE				
						MON		AGE	
1,203 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,021	106,150	\$	525,195.75	\$ 4.95	88.238 \$		\$	436.57
@PHYSICIANS SERVICES	223	2,443	\$	14,123.05	\$ 5.78	2.031 \$	63.33	\$	11.74
OUTPATIENT VISITS	5	6		188.63	31.44	.005	37.73		.16
OFFICE VISITS	2	3		72.00	24.00	.002	36.00		.06
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	2	2		89.20	44.60	.002	44.60		.07
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	1		27.43	27.43	.001	27.43		.02
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0							
OPHTHALMOLOGICAL SERVICES	1	2		59.44	29.72	.002	59.44		.05
EXAMINATIONS	Ţ	2		59.44	29.72	.002	59.44		.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	217	2,435		13,874.98	5.70	2.024	63.94		11.53
@PHARMACY	877	83,790	\$		\$ 2.76	69.651 \$		Ś	192.38
PRESCRIPTION DRUGS	826	3,587	٧	212,732.14	59.31	2.982	257.54	~	176.83
SNF/ICF	39	228		8,942.06	39.22	.190	229.28		7.43
OUTPATIENTS	793	3,359		203,790.08	60.67	2.792	256.99		169.40
MEDICAL SUPPLIES	224	80,203		18,698.91	.23	66.669	83.48		15.54
@DENTIST	34	129	\$	6,254.00	\$ 48.48	.107 \$		ė,	5.20
VISITS - DIAGNOSTIC	18	84	Ą	966.00	11.50	.070	53.67	Ą	.80
	10 5	13					161.20		
ORAL SURGERY	0	0		806.00	62.00	.011			.67
DRUGS	0			.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	2	2		110.00	55.00	.002	55.00		.09
ENDODONTICS	2	3		690.00	230.00	.002	345.00		.57
RESTORATIVE DENTISTRY	9	14		1,032.00	73.71	.012	114.67		.86
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	7	13		2,650.00	203.85	.011	378.57		2.20
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 0 .00 0 .00 .00 ALL OTHER SERVICES .00 .000

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,618 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL

EL DORADO COUNTY	SUMMARY OF SERV		TAT ITOME	CIIDI			AID CODE	1.0				01/20/01
EL DORADO COUNTI	SUMMARI OF SERV	ICES FOR	IN HOME	SUPE	PORI - AGED		AID CODE				aп	
1 002 51 16151 56	11GED 6		a========				D. G. G. G.	M				
1,203 ELIGIBLES	USERS	UNITS OF			EXPENDITURES							COST PER
		OR DAYS	OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	25		65	\$	1,087.55	\$	16.73	.054	\$	43.50	\$.90
DIAGNOSTIC AND ANC. PROCED	6		6		245.26		40.88	.005		40.88		.20
EYE APPLIANCES	20		50		809.18		16.18	.042		40.46		.67
OTHER OPTOMETRIC SERVICES	25 6 20 3		9		33.11		3.68	.007		11.04		.03
@CHIROPRACTOR	0		0	\$.00	Ś	.00	.000		.00	Ġ	.00
VISITS	0		Ō	т	.00	-T	.00	.000	7	.00	т	.00
OTHER SERVICES	0		Ö		.00		.00	.000		.00		.00
@PODIATRIST	17		17	\$	206.17	ċ.		.014			ċ,	.17
	0		0	Ą	.00	Ą	.00	.000	Ą	.00		.00
MEDICINE/INJECTIONS	0		0									
SURGERY/ANES.	0		-		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	17		17		206.17		12.13	.014		12.13		.17
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	Ş			.00
NURSE ANESTHESIST	1		1	\$	17.47		17.47	.001		17.47		.01
NURSE MIDWIFE	0		0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0 0 172 22		732	Ś	30,813.69	Ś	42.10	. 608	Ś	179.15	Ś	25.61
HOSP INPATIENT TOTAL	22		57	•	17,816.83	•	312.58	.047	•	809.86	•	14.81
HSC HOSPITALS	0		0		.00		.00	000		.00		.00
NON-HSC HOSPITAL TOTAL	0		Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0									
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	Ü		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	22		57		17,816.83		312.58 .00 19.25 26.41	.047		809.86 .00 83.31 35.22		14.81
ALL OTHER INPATIENT	U		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	156		675		12,996.86		19.25	.561		83.31		10.80
MEDICAL	6		8		211.29		26.41	.007		35.22		.18
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		1		3.88		3.88	.001		3.88		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		1		28.00		28.00	.001		28.00		.02
CROSSOVERS/ALL OTH OUTPTNT	151		665		12,753.69		19.18	.553		84.46		10.60
@COUNTY HOSPITAL TOTAL	0		0	\$		\$.00	.000	Ġ	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	٧	.00	٧	.00	.000	٧	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
	0											
ACCOMMODATIONS	U		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ü		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	Ō		Ö		.00		.00	.000		.00		.00
11111011001	9		0		.00							

.00 RADIOLOGY 0 0 .00 .00 .00 .000 0 0 .00 .00 ROOM USE .000 .00 .00 0 0 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT .000 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,619 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE/D											01/29/04
EL DORADO COUNTY	SUMMARY OF SERVIC	ES FOR	IN HOME	SUPPORT	- AGED		AID CODE					
									MON	THLY AVERA	GE	
1,203 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DA	YS	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	172 22		732	\$	30,813.69	\$	42.10	.608	\$	179.15	\$	25.61
COMM HOSP INPATIENT TOTAL	22		57		17,816.83		312.58	.047	,	809.86		14.81
HSC HOSPITALS	0		0		.00		.00	.000)	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000)	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ô		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ô		.00		.00	.000		.00		.00
ANCILLARIES	0		n		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	22		57		17,816.83		312.58	.047		809.86		14.81
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	156		675		12,996.86		19.25	.561		83.31		10.80
MEDICAL	130		8		211.29		26.41	.007		35.22		.18
MEDICAL SURGERY	0		0					.000		.00		.00
	0		1		.00		.00					
PATHOLOGY	1		Τ		3.88		3.88	.001		3.88		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		1		28.00		28.00	.001		28.00		.02
CROSSOVERS/ALL OTH OUTPTNT			665		12,753.69		19.18	.553		84.46		10.60
@STATE HOSPITAL	0		0	\$.00	\$.00	.000		.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	35		915	\$	113,983.80	\$	124.57	.761		3256.68	\$	94.75
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000)	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000)	.00		.00
LEV B-REGULAR	35		915		113,983.80		124.57	.761	_	3256.68		94.75
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000) \$.00	\$.00
ICF DDH	0		0		.00		.00	.000)	.00		.00
ICF DD	0		0		.00		.00	.000)	.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000)	.00		.00
@HEMODIALYSIS TOTAL	9		15	\$	7,985.04	\$	532.34	.012	\$	887.23	\$	6.64
HOSPITAL BASED	0		0		.00	-	.00	.000)	.00	-	.00
HEMODIALYSIS CENTER	9		15		7,985.04		532.34	.012	2	887.23		6.64
@REHABILITATION FACILITY	0		0	\$.00	Ġ	.00		\$.00	\$.00
HOSPITAL BASED	0		Ō	т	.00	7	.00	.000		.00	-	.00
INDEPENDENT FACILITY	0		Ō		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000		.00	\$.00
PATHOLOGY	0		Ô	τ	.00	τ	.00	.000		.00	~	.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	18		39	\$	2,551.79	\$	65.43	.032		141.77	\$	2.12
CLINIC CLINIC	0		0	Ÿ	.00	Y	.00	.000		.00	Ÿ	.00
SURGICENTER	7		6		1,109.75		184.96	.005		158.54		.92
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11		33		1,442.04		43.70	.027		131.09		1.20
	MEDI-CAL SERVICES	מאדר היאיר		TO MONTON	1,442.U4	שמטמממ					-	
#CALIF DEPT OF HEALTH SERV			. PINDTIOKI	PI MOM CT	1-OF-PAIMENT F	EPOK I	FUR JAN 2	THEC	שע י	_ ∠003	F	PAGE 2,620
MOP024	FEE-FOR-SERVICE/D	ENTAT		arra a a a a a a a a a a a a a a a a a	1.000			1.0				01/29/04

1,203 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

AID CODE 18

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

EL DORADO COUNTY

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	322	18,004 \$	116,742.14	\$ 6.48	14.966	\$ 362.55	\$ 97.04
DURABLE MED. EQUIP.	6	15	805.51	53.70	.012	134.25	.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	183.81	61.27	.002	61.27	.15
MEDICAL TRANSPORTATION	14	154	826.73	5.37	.128	59.05	.69
AMBULANCES/AIR TRANS	1	2	121.75	60.88	.002	121.75	.10
OTHER TRANS	3	39	141.82	3.64	.032	47.27	.12
OTHER SERVICES	10	113	563.16	4.98	.094	56.32	.47
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	197	1,528	104,785.95	68.58	1.270	531.91	87.10
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	33	591.46	17.92	.027	36.97	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00		00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		00	.000		.00	.00
PROSTHETICS	0	0	.00		00	.000		.00	.00
ORTHOTICS	0	0	.00		00	.000		.00	.00
PSYCHOLOGIST	1	1	6.08	6.	80	.001		6.08	.01
SPEECH AND AUDIOLOGY	4	8	1,274.16	159.	27	.007	3	18.54	1.06
HOSPICE SERVICES	0	0	.00		00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00		00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		00	.000		.00	.00
ALL OTHER PROVIDERS	111	16,262	8,268.44		51	13.518		74.49	6.87
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.	00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	454	3,701	\$ 73,942.69	\$ 19.	98	3.076	\$ 1	62.87	\$ 61.47

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,621
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

EL DORADO COUNTY	SUMMARY OF SER	VICES FOR IN HOME SUPP	ORT - BLIND	AID CODE	28		
					MON'	THLY AVERAC	GE
91 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	54	1,180 \$	27,013.37	\$ 22.89	12.967 \$	500.25	\$ 296.85
@PHYSICIANS SERVICES	15	36 \$	204.01	\$ 5.67	.396 \$	13.60	\$ 2.24
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	15	36	204.01	5.67	.396	13.60	2.24
@PHARMACY	49	991 \$	19,370.11	\$ 19.55	10.890 \$	395.31	\$ 212.86
PRESCRIPTION DRUGS	49	325	19,184.74	59.03	3.571	391.53	210.82
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	49	325	19,184.74	59.03	3.571	391.53	210.82
MEDICAL SUPPLIES	9	666	185.37	.28	7.319	20.60	2.04
@DENTIST	1	4 \$	78.00	\$ 19.50	.044 \$	78.00	\$.86

VISITS - DIAGNOSTIC	1	4	78.00	19.50	.044	78.00	.86	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES N	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	003 THRU DE	C 2003	PAGE 2,622	
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04	
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUE	PPORT - BLIND	AID CODE	28			
					MON'	THLY AVERA	GE	
91 ELIGIBLES		S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	

		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000		.00	•	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	4	\$	28.62	\$	7.16		\$	7.16	\$.31
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000		.00	•	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	4		28.62		7.16	.044		7.16		.31
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	77	\$	3,266.99	\$	42.43	.846	\$	217.80	\$	35.90
HOSP INPATIENT TOTAL	3	4	•	2,492.00	•	623.00	.044	•	830.67		27.38
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	4		2,492.00		623.00	.044		830.67		27.38
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14	73		774.99		10.62	.802		55.36		8.52
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	14	73		774.99		10.62	.802		55.36		8.52
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00			.00		.00
INPATIENT CROSSOVERS	0		0					.000				
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		NDITURE	S MON	TH-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU 1	DEC	2003	PA	GE 2,623 01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR IN	N HOME	SUPPO	RT - BLIND		AID CODE	28				
								M	ONTE	ILY AVERA	GE -	
91 ELIGIBLES	USERS	UNITS OF SE	ERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S C	COST PER	C	OST PER
		OR DAYS OF	F CARE			PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	15		77	\$	3,266.99	\$	42.43	.846	\$	217.80	\$	35.90
COMM HOSP INPATIENT TOTAL	3		4		2,492.00		623.00	.044		830.67		27.38
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3		4		2,492.00		623.00	.044		830.67		27.38
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14		73		774.99		10.62	.802		55.36		8.52
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		Ô		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	14		73		774.99		10.62	.802		55.36		8.52
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	۲	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	۲	.00	Y	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0		٥		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	Ś	.00	.000	\$.00	\$.00
ICF DDH	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0		0									
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	U		0	۲.		ė.	.00	.000	۲,	.00	ė.	.00
@HEMODIALYSIS TOTAL	0		U	\$.00	\$.00	.000	\$.00	\$.00

0

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\$

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

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@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
CLINIC	0	0	т	.00	Ψ	.00	.000	τ	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT			DEC 2		PΑ	GE 2,624
MOP024	FEE-FOR-SERVICE/										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVI		SUP	PORT - BLIND		AID CODE	28				,,
							MC	ONTHI	Y AVERA	GE -	
91 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	G CC	OST PER	C	OST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	19	68	\$	4,065.64	\$	59.79	.747	\$	213.98	\$	44.68
DURABLE MED. EQUIP.	0	0	•	.00	·	.00	.000	•	.00	·	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	40		3,294.00		82.35	.440		411.75		36.20
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	3	4		134.03		33.51	.044		44.68		1.47
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	Ü	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	Ü	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	8	24	4	637.61	à	26.57	.264	4	79.70	4	7.01
@CALIF. CHILDREN SERVICES*	. 22	127	Ş	.00	\$.00	.000	\$.00		.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

32

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@XOVER EXCLUDING STATE HOSP**

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,625 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 EL DORADO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

4,137.23 \$

30.20

1.505 \$ 129.29 \$

137

						MOI	NTHLY AVERA	GE
654 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	618	27,627	\$	402,305.98	\$ 14.56	42.243	650.98	\$ 615.15
@PHYSICIANS SERVICES	142	1,513	\$	20,610.17	\$ 13.62	2.313	\$ 145.14	\$ 31.51
OUTPATIENT VISITS	36	56		1,757.00	31.38	.086	48.81	2.69
OFFICE VISITS	29	46		1,180.43	25.66	.070	40.70	1.80
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9		555.64	61.74	.014	69.46	.85
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		20.93	20.93	.002	20.93	.03
INPATIENT VISITS	5	47		1,445.47	30.75	.072	289.09	2.21

HOSPITAL VISITS	5	47	1,445.47	30.75	.072	289.09	2.21
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	82	5,099.21	62.19	.125	728.46	7.80
PRINCIPAL SURGEON	6	11	3,467.24	315.20	.017	577.87	5.30
ASSISTANT SURGEON	1	1	337.30	337.30	.002	337.30	.52
ANESTHESIOLOGIST	3	70	1,294.67	18.50	.107	431.56	1.98
OUTPATIENT SURGERY	4	19	1,159.15	61.01	.029	289.79	1.77
PRINCIPAL SURGEON	3	5	874.46	174.89	.008	291.49	1.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	284.69	20.34	.021	142.35	.44
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	44	612.01	13.91	.067	51.00	.94

RADIOLOGY	15	29		3,750.25		129.32	.044		250.02		5.73
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	200		3,004.75		15.02	.306		375.59		4.59
OTHER SERVICES/ALL X-OVERS	102	1,036		3,782.33		3.65	1.584		37.08		5.78
@PHARMACY	523	18,092	\$	193,874.65	\$	10.72	27.664	\$	370.70	\$	296.44
PRESCRIPTION DRUGS	502	2,388		178,021.38		74.55	3.651		354.62		272.20
SNF/ICF	18	112		3,728.54		33.29	.171		207.14		5.70
OUTPATIENTS	485	2,276		174,292.84		76.58	3.480		359.37		266.50
MEDICAL SUPPLIES	134	15,704		15,853.27		1.01	24.012		118.31		24.24
@DENTIST	61	214	\$	11,011.50	\$	51.46	.327	\$	180.52	\$	16.84
VISITS - DIAGNOSTIC	30	122		1,308.50		10.73	.187		43.62		2.00
ORAL SURGERY	9	21		1,491.00		71.00	.032		165.67		2.28
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	7	7		801.00		114.43	.011		114.43		1.22
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	21	43		4,051.00		94.21	.066		192.90		6.19
PROSTHETICS	1	1		30.00		30.00	.002		30.00		.05
DENTURES, STAYPLATES	5	9		3,330.00		370.00	.014		666.00		5.09
SPACE MAINTAINERS	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	11		.00		.00	.017		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU I	DEC	2003	P	AGE 2,626
MOP024	FEE-FOR-SERVICE	•									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPOR'	T - DISABLED		AID CODE					
							MO			_	
654 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	S (COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	18	53	\$	882.67	\$	16.65	.081	\$	49.04	\$	1.35
DIAGNOSTIC AND ANC. PROCED	4	4		141.90		35.48	.006		35.48		. 22
EYE APPLIANCES	17	48		725.77		15.12	.073		42.69		1.11
OTHER OPTOMETRIC SERVICES	1	1		15.00		15.00	.002	4.	15.00	4.	.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00	_	.00	.000		.00	_	.00
@PODIATRIST	6	7	\$	74.06	\$	10.58	.011	\$	12.34	\$.11
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	7		74.06	_	10.58	.011		12.34	_	.11
@HOME HEALTH AGENCY	5	14	\$	958.25	\$	68.45	.021	\$	191.65	\$	1.47
NURSE ANESTHESIST	0	11 0	\$	23.57	\$	2.14	.017	\$	23.57	\$.04
NURSE MIDWIFE			Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş Ċ	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	111		Ş Ċ	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	546 100	Ş	60,429.46 52,024.49	Þ	110.68 520.24	.835 .153	\$	544.41 3468.30	Þ	92.40 79.55
HOSP INPATIENT TOTAL				7,260.00					7260.00		11.10
HSC HOSPITALS	1 2	6				1210.00	.009				
NON-HSC HOSPITAL TOTAL	2	42 42		34,740.49 17,041.39		827.15 405.75	.064	-	17370.25		53.12 26.06
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	18		4,163.40			.064		8520.70		
TRANSITIONAL IP CARE	0	0		4,163.40		231.30	.028 .000		4163.40		6.37 .00
ALL OTHER ACCOM	2	24		12,877.99		536.58	.037		6439.00		19.69
ALL OTHER ACCOM ANCILLARIES	2	0		17,699.10		.00	.000		8849.55		27.06
INPATIENT CROSSOVERS	12	52		10,024.00		.00 192.77	.080		835.33		15.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	102	446		8,404.97		18.85	.682		82.40		12.85
MEDICAL	3	446		75.60		18.90	.006		25.20		.12
1-11-11-11-11-11-11-11-11-11-11-11-11-1	ر	-		/		±0.50	. 000		40.40		. 14

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.006

18.90

SURGERY	5	6		238.30	39.72	.009	47.66	.36
	11	41		467.54	11.40	.063	42.50	.71
PATHOLOGY								
RADIOLOGY	6	13		1,431.89	110.15	.020	238.65	2.19
ROOM USE	8	11		523.00	47.55	.017	65.38	.80
CROSSOVERS/ALL OTH OUTPTNT	86	371		5,668.64	15.28	.567	65.91	8.67
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000		
			Ą		•		•	•
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	Ō	0		.00	.00	.000	.00	.00
	0	0						
ADMINISTRATIVE DAYS	U	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
	0	0		.00				
INPATIENT CROSSOVERS	Ū	0			.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	Ω	Ο		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
SURGERY	U	U						
PATHOLOGY	Ü	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
	•	_						
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MONT	H-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DI	EC 2003	PAGE 2,627
MOP024	FEE-FOR-SERVICE	:/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUPPOR	T - DISABLED	AID CODE	68		
							ATHIV AVERA	AGE
CEA RITCIDIRO	HCEDC	INTEC OF CEDUTOR		EADEMDIATIOEC	AVERAGE COST			-
654 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111	546	\$	60,429.46	\$ 110.68	.835	\$ 544.41	\$ 92.40
COMM HOSP INPATIENT TOTAL	15	100		52,024.49	520.24	.153	3468.30	79.55
HSC HOSPITALS	1	6		7,260.00	1210.00	.009	7260.00	11.10
				-				
NON-HSC HOSPITALS TOTAL	2	42		34,740.49	827.15	.064	17370.25	53.12
ACCOMMODATIONS	2	42		17,041.39	405.75	.064	8520.70	26.06
ADMINISTRATIVE DAYS	1	18		4,163.40	231.30	.028	4163.40	6.37
TRANSITIONAL IP CARE	Ω	0		.00	.00	.000	.00	.00
	2	24						
ALL OTHER ACCOM				12,877.99	536.58	.037	6439.00	19.69
ANCILLARIES	2	0		17,699.10	.00	.000	8849.55	27.06
INPATIENT CROSSOVERS	12	52		10,024.00	192.77	.080	835.33	15.33
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	102	446		8,404.97	18.85	.682	82.40	12.85
MEDICAL	3	4		75.60	18.90	.006	25.20	.12
SURGERY	5	6		238.30	39.72	.009	47.66	.36
PATHOLOGY	11	41		467.54	11.40	.063	42.50	.71
RADIOLOGY	6	13		1,431.89	110.15	.020	238.65	2.19
	8	11		523.00	47.55	.017	65.38	.80
ROOM USE								
CROSSOVERS/ALL OTH OUTPTNT		371		5,668.64	15.28	.567	65.91	8.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	16	439	\$	51,081.23	\$ 116.36		\$ 3192.58	\$ 78.11
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
	0	0				.000		
LEV B-SUBACUTE HSPTL BASED	-			.00	.00		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	16	439		51,081.23	116.36	.671	3192.58	78.11
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		
ICF DDH	0	0	т.	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00	
@HEMODIALYSIS TOTAL	18	32	\$	13,019.28	\$	406.85	.049	\$	723.29	\$	19.91	
HOSPITAL BASED	0	0	•	.00	•	.00	.000	-	.00		.00	
HEMODIALYSIS CENTER	18	32		13,019.28		406.85	.049		723.29		19.91	
@REHABILITATION FACILITY	1	1	\$	21.19	\$	21.19	.002	\$	21.19	\$.03	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00	
INDEPENDENT FACILITY	1	1		21.19		21.19	.002		21.19		.03	
@LABORATORY FACILITY	2	6	\$	44.48	\$	7.41	.009	\$	22.24	\$.07	
PATHOLOGY	2	6		44.48		7.41	.009		22.24		.07	
XO AND OTHERS	0	0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	33	66	\$	3,317.40	\$	50.26	.101	\$	100.53	\$	5.07	
CLINIC	0	0		.00		.00	.000		.00		.00	
SURGICENTER	2	10		376.38		37.64	.015		188.19		.58	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	31	56		2,941.02		52.52	.086		94.87		4.50	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPOR7	FOR JAN 2	2003 THRU 1	DEC	2003	P	AGE 2,628	
MOP024	FEE-FOR-SERVICE/D										01/29/04	
EL DORADO COUNTY	SUMMARY OF SERVIC	ES FOR IN HOME	SUP	PORT - DISABLED		AID CODE	68					
									ILY AVERA			
654 ELIGIBLES		NITS OF SERVICE		EXPENDITURES		ERAGE COST			OST PER		COST PER	
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE	
@ALL OTHER PROVIDERS	123	6,633	\$	46,958.07	\$	7.08	10.142		381.77	\$	71.80	
DURABLE MED. EQUIP.	6	34		6,421.74		188.87	.052		1070.29		9.82	
BLOOD BANK	0	0		.00		.00	.000		.00		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00	
MEDICAI TOANCOODTATION	1 🖺	156		1 050 40		6 72	220		70 02		1 61	

654 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	123	6,633 \$	46,958.07	\$ 7.08	10.142 \$	381.77	\$ 71.80
DURABLE MED. EQUIP.	6	34	6,421.74	188.87	.052	1070.29	9.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	156	1,050.48	6.73	.239	70.03	1.61
AMBULANCES/AIR TRANS	8	61	797.75	13.08	.093	99.72	1.22
OTHER TRANS	6	68	246.58	3.63	.104	41.10	.38
OTHER SERVICES	1	27	6.15	.23	.041	6.15	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	37	232	19,803.28	85.36	.355	535.22	30.28
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	28	304.52	10.88	.043	23.42	.47
PHYSICAL THERAPIST	1	9	147.04	16.34	.014	147.04	.22
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	7CR	.00	.00	.011CR	.00	.00
PROSTHETICS	0	7CR	.00	.00	.011CR	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	5	119	15,517.37	130.40	.182	3103.47	23.73
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	161	817.77	5.08	.246	272.59	1.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	5,901	2,895.87	.49	9.023	59.10	4.43
@CALIF. CHILDREN SERVICES*	2	4 \$	238.18	\$ 59.55	.006 \$	119.09	\$.36
@XOVER EXCLUDING STATE HOSP**	232	3,324 \$	43,221.26	\$ 13.00	5.083 \$	186.30	\$ 66.09

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,629
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

				M	ONTHLY AVERAG	E
1,948 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY PER ELIG	USER	ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	1,693	134,957 \$	954,515.10	\$ 7.07	69.280	\$ 563.80	\$ 490.00
@PHYSICIANS SERVICES	380	3,992 \$	34,937.23	\$ 8.75	2.049		
				•			•
OUTPATIENT VISITS	41	62	1,945.63	31.38	.032	47.45	1.00
OFFICE VISITS	31	49	1,252.43	25.56	.025	40.40	.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	11	644.84	58.62	.006	64.48	.33
	0	0					
PREVENTIVE CARE	-		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	48.36	24.18	.001	24.18	.02
INPATIENT VISITS	5	47	1,445.47	30.75	.024	289.09	.74
HOSPITAL VISITS	5	47	1,445.47	30.75	.024	289.09	.74
	9	0					
CRITICAL CARE	U		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	59.44	29.72	.001	59.44	.03
EXAMINATIONS	1	2	59.44	29.72	.001	59.44	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	7	82	5,099.21	62.19	.042	728.46	2.62
INPATIENT HOSPITAL SURGERY	7						
PRINCIPAL SURGEON	6	11	3,467.24	315.20	.006	577.87	1.78
ASSISTANT SURGEON	1	1	337.30	337.30	.001	337.30	.17
ANESTHESIOLOGIST	3	70	1,294.67	18.50	.036	431.56	.66
OUTPATIENT SURGERY	4	19	1,159.15	61.01	.010	289.79	.60
	2	5		174.89		291.49	
PRINCIPAL SURGEON	3		874.46		.003		. 45
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	284.69	20.34	.007	142.35	.15
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	44	612.01	13.91	.023	51.00	.31
	15	29	3,750.25	129.32	.015	250.02	1.93
RADIOLOGY							
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	200	3,004.75	15.02	.103	375.59	1.54
OTHER SERVICES/ALL X-OVERS	334	3,507	17,861.32	5.09	1.800	53.48	9.17
@PHARMACY	1,449	102,873 \$	444,675.81	\$ 4.32	52.810	\$ 306.88	\$ 228.27
PRESCRIPTION DRUGS	1,377	6,300	409,938.26	65.07	3.234	297.70	210.44
	57	340	12,670.60	37.27	.175	222.29	6.50
SNF/ICF							
OUTPATIENTS	1,327	5,960	397,267.66	66.66	3.060	299.37	203.94
MEDICAL SUPPLIES	367	96,573	34,737.55	.36	49.575	94.65	17.83
@DENTIST	96	347 \$	17,343.50	\$ 49.98	.178	\$ 180.66	\$ 8.90
VISITS - DIAGNOSTIC	49	210	2,352.50	11.20	.108	48.01	1.21
ORAL SURGERY	14	34	2,297.00	67.56	.017	164.07	1.18
	0	0		.00	.000	.00	.00
DRUGS	-		.00				
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	9	9	911.00	101.22	.005	101.22	.47
ENDODONTICS	2	3	690.00	230.00	.002	345.00	.35
RESTORATIVE DENTISTRY	30	57	5,083.00	89.18	.029	169.43	2.61
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
	12						
DENTURES, STAYPLATES		22	5,980.00	271.82	.011	498.33	3.07
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	11	.00	.00	006		.00
#CALIF DEPT OF HEALTH SERV			ONIH-OF-PAYMENI RE	EPORI FOR JAN	2003 IHRU D	EC 2003	PAGE 2,630
MOP024	FEE-FOR-SERVICE						01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	JICES FOR IN HOME SUP	PORT - TOTAL				
					MO	NTHLY AVERA	GE
1,948 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_,	02210	OR DAYS OF CARE		PER UNIT/DAY			ELIGIBLE
@ODTOMETD I CT	43		1 070 00				
@OPTOMETRIST	4 1	118 \$	1,970.22	\$ 16.70	.061		
			200 16	20 00	~~-	20 00	~ ~
DIAGNOSTIC AND ANC. PROCED	10	10	387.16	38.72	.005	38.72	.20
EYE APPLIANCES			387.16 1,534.95	15.66	.050	38.72 41.49	.20 .79
	10	10		38.72 15.66 4.81	.005 .050 .005		

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	27	28	\$ 308.85	\$ 11.03	.014	\$ 11.44	\$.16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	27	28	308.85	11.03	.014	11.44	.16
@HOME HEALTH AGENCY	5	14	\$ 958.25	\$ 68.45	.007	\$ 191.65	\$.49
NURSE ANESTHESIST	2	12	\$ 41.04	\$ 3.42	.006	\$ 20.52	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	298	1,355	\$ 94,510.14	\$ 69.75	.696	\$ 317.15	\$ 48.52
HOSP INPATIENT TOTAL	40	161	72,333.32	449.28	.083	1808.33	37.13
HSC HOSPITALS	1	6	7,260.00	1210.00	.003	7260.00	3.73

	_						
NON-HSC HOSPITAL TOTAL	2	42	34,740.49	827.15	.022	17370.25	17.83
ACCOMMODATIONS	2	42	17,041.39	405.75	.022	8520.70	8.75
ADMINISTRATIVE DAYS	1	18	4,163.40	231.30	.009	4163.40	2.14
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	24	12,877.99	536.58	.012	6439.00	6.61
ANCILLARIES	2	0	17,699.10	.00	.000	8849.55	9.09
INPATIENT CROSSOVERS	37	113	30,332.83	268.43	.058	819.81	15.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	272	1,194	22,176.82	18.57	.613	81.53	11.38
MEDICAL	9	12	286.89	23.91	.006	31.88	.15
SURGERY	5	6	238.30	39.72	.003	47.66	.12
PATHOLOGY	12	42	471.42	11.22	.022	39.29	.24
RADIOLOGY	6	13	1,431.89	110.15	.007	238.65	.74
ROOM USE	9	12	551.00	45.92	.006	61.22	.28
CROSSOVERS/ALL OTH OUTPTNT	251	1,109	19,197.32	17.31	.569	76.48	9.85
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ô	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ô	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ô	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	Ô	0	.00	.00	.000	.00	.00
MEDICAL	0	Ô	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	U EVDENDITUIDES M					PAGE 2,631
MOP024	FEE-FOR-SERVICE/DEN		ONIH-OF-PAIMENT RE	PORT FOR UAN 20	US IRKU DI	EC 2003	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES		DODT TOTAL				01/29/04
EL DORADO COUNTI	SUMMARI OF SERVICES	FOR IN HOME SUP	PORT - TOTAL		MON	THLY AVERAG	177
1,948 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST U	-	COST PER	COST PER
I,940 ELIGIBLES			FVLFNDTIOKF2				
	OR	DAYS OF CARE		PER UNIT/DAY	PEK EPIG	USER	ELIGIBLE

					MOI	ATITLE AVEIVAG	ъ
1,948 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	298	1,355 \$	94,510.14	\$ 69.75	.696	317.15	\$ 48.52
COMM HOSP INPATIENT TOTAL	40	161	72,333.32	449.28	.083	1808.33	37.13
HSC HOSPITALS	1	6	7,260.00	1210.00	.003	7260.00	3.73
NON-HSC HOSPITALS TOTAL	2	42	34,740.49	827.15	.022	17370.25	17.83
ACCOMMODATIONS	2	42	17,041.39	405.75	.022	8520.70	8.75
ADMINISTRATIVE DAYS	1	18	4,163.40	231.30	.009	4163.40	2.14
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	24	12,877.99	536.58	.012	6439.00	6.61
ANCILLARIES	2	0	17,699.10	.00	.000	8849.55	9.09
INPATIENT CROSSOVERS	37	113	30,332.83	268.43	.058	819.81	15.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	272	1,194	22,176.82	18.57	.613	81.53	11.38
MEDICAL	9	12	286.89	23.91	.006	31.88	.15
SURGERY	5	6	238.30	39.72	.003	47.66	.12
PATHOLOGY	12	42	471.42	11.22	.022	39.29	.24
RADIOLOGY	6	13	1,431.89	110.15	.007	238.65	.74
ROOM USE	9	12	551.00	45.92	.006	61.22	.28
CROSSOVERS/ALL OTH OUTPTNT	251	1,109	19,197.32	17.31	.569	76.48	9.85
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	51	1,354	\$	165,065.03	\$	121.91	.695	\$	3236.57	\$	84.74
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	51	1,354		165,065.03		121.91	.695		3236.57		84.74
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	27	47	\$	21,004.32	\$	446.90	.024	\$	777.94	\$	10.78
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	27	47		21,004.32		446.90	.024		777.94		10.78
@REHABILITATION FACILITY	1	1	\$	21.19	\$	21.19	.001	\$	21.19	\$.01
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	1		21.19		21.19	.001		21.19		.01
@LABORATORY FACILITY	2	6	\$	44.48	\$	7.41	.003	\$	22.24	\$.02
PATHOLOGY	2	6		44.48		7.41	.003		22.24		.02
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	51	105	\$	5,869.19	\$	55.90	.054	\$	115.08	\$	3.01
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	9	16		1,486.13		92.88	.008		165.13		.76
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	42	89		4,383.06		49.25	.046		104.36		2.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES N	MONTH-OF-PAYMENT R	EPOR:	r for Jan	2003 THRU	DEC	2003	Ρ	AGE 2,632
MOP024	FEE-FOR-SERVICE/DENT										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR IN HOM	E SUE	PPORT - TOTAL							
							M				
1 040 DITCIDIDO	TICEDO INTE	IC OF CEPTITO							COCH DED		COCE DED

1,948 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
1,940 ELIGIBLES	USEKS		EXPENDITURES				
ONLI OFFIED DROLLDEDG	1.6.1	OR DAYS OF CARE	167 765 05	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	464	24,705 \$	167,765.85	\$ 6.79	12.682 \$		
DURABLE MED. EQUIP.	12	49	7,227.25	147.49	.025	602.27	3.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	183.81	61.27	.002	61.27	.09
MEDICAL TRANSPORTATION	29	310	1,877.21	6.06	.159	64.73	.96
AMBULANCES/AIR TRANS	9	63	919.50	14.60	.032	102.17	.47
OTHER TRANS	9	107	388.40	3.63	.055	43.16	.20
OTHER SERVICES	11	140	569.31	4.07	.072	51.76	.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	242	1,800	127,883.23	71.05	.924	528.44	65.65
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	29	61	895.98	14.69	.031	30.90	.46
PHYSICAL THERAPIST	1	9	147.04	16.34	.005	147.04	.08
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	7CR	.00	.00	.004CR	.00	.00
PROSTHETICS	0	7CR	.00	.00	.004CR	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	6.08	6.08	.001	6.08	.00
SPEECH AND AUDIOLOGY	7	12	1,408.19	117.35	.006	201.17	.72
HOSPICE SERVICES	5	119	15,517.37	130.40	.061	3103.47	7.97
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	161	817.77	5.08	.083	272.59	.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	168	22,187	11,801.92	.53	11.390	70.25	6.06
@CALIF. CHILDREN SERVICES*	2	4 \$	238.18	\$ 59.55	.002 \$	119.09	\$.12

@XOVER EXCLUDING STATE HOSP** 718 7,162 \$ 121,301.18 \$ 16.94 3.677 \$ 168.94 \$ 62.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,633 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

EL DORADO COUNTY	SUMMARY OF SERV	/ICES FOR PUBLIC ASSIS	TANCE - AGED				~-
						NTHLY AVERA	
6,983 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,258	254,977 \$	2,286,342.42	\$ 8.97	36.514	\$ 434.83	\$ 327.42
@PHYSICIANS SERVICES	1,115	5,020 \$	52,384.89	\$ 10.44	.719	\$ 46.98	\$ 7.50
OUTPATIENT VISITS	17	21	731.03	34.81	.003	43.00	.10
OFFICE VISITS	12	15	480.60	32.04	.002	40.05	.07
HOME VISITS		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	5	223.00	44.60	.001	55.75	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0	1					
OTHER OUTPATIENT	1	1	27.43	27.43	.000	27.43	.00
INPATIENT VISITS	1	1	46.90	46.90	.000	46.90	.01
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	46.90	46.90	.000	46.90	.01
OPHTHALMOLOGICAL SERVICES	2	3	96.59	32.20	.000	48.30	.01
EXAMINATIONS	2	3	96.59	32.20	.000	48.30	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	8	511.60	63.95	.001	170.53	.07
PRINCIPAL SURGEON	3	8	511.60	63.95	.001	170.53	.07
	5	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	
ANESTHESIOLOGIST	0	0	.00		.000		.00
DIALYSIS	0 1	0 1	.00	.00	.000	.00	.00
PATHOLOGY	<u> </u>	— — — — — — — — — — — — — — — — — — —	8.08	8.08	.000	8.08	.00
RADIOLOGY	5	8	236.47	29.56	.001	47.29	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	16.00	16.00	.000	16.00	.00
OTHER SERVICES/ALL X-OVERS	1,092	4,977	50,738.22	10.19	.713	46.46	7.27
@PHARMACY	4,585	148,709 \$	1,167,580.50	\$ 7.85	21.296	\$ 254.65	\$ 167.20
PRESCRIPTION DRUGS	4,482	17,443	1,119,042.23	64.15	2.498	249.67	160.25
SNF/ICF	161	890	41,939.11	47.12	.127	260.49	6.01
OUTPATIENTS	4,338	16,553	1,077,103.12	65.07	2.370	248.29	154.25
MEDICAL SUPPLIES	592	131,266	48,538.27	.37	18.798	81.99	6.95
@DENTIST	281	963 \$	48,257.75	\$ 50.11	.138		
VISITS - DIAGNOSTIC	174	575	7,856.75	13.66	.082	45.15	1.13
ORAL SURGERY	28	78	3,733.00	47.86	.011	133.32	.53
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	19	19				76.58	.21
PERIODONTICS	19	19 17	1,455.00	76.58 206.76	.003	319.55	.50
ENDODONTICS			3,515.00				
RESTORATIVE DENTISTRY	66	152	16,899.00	111.18	.022	256.05	2.42
PROSTHETICS	6	6	200.00	33.33	.001	33.33	.03
DENTURES, STAYPLATES	58	112	14,599.00	130.35	.016	251.71	2.09
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	4	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 2,634

01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - AGED							
6 002 77 77777	*******						MC				
6,983 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		5	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	141	365	\$	6,496.36	\$	17.80	.052	Ş	46.07	Ş	.93
DIAGNOSTIC AND ANC. PROCED	14	14		585.42		41.82	.002		41.82		.08
EYE APPLIANCES	108	297		4,939.29		16.63	.043		45.73		.71
OTHER OPTOMETRIC SERVICES	32	54		971.65		17.99	.008		30.36		.14
@CHIROPRACTOR	2	2	\$	33.44	\$	16.72	.000	\$	16.72	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	2		33.44		16.72	.000		16.72		.00
@PODIATRIST	90	97	\$	1,045.67	\$	10.78	.014	\$	11.62	\$.15
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	90	97		1,045.67		10.78	.014		11.62		.15
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	1	1	\$	17.47	\$	17.47	.000	\$	17.47	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$		\$.00
@TOTAL HOSPITAL	929	4,096	\$	197,079.45	\$	48.12	.587	\$	212.14	\$	28.22
HOSP INPATIENT TOTAL	107	419		135,969.39		324.51	.060		1270.74		19.47
HSC HOSPITALS	1	5		5,850.29		1170.06	.001		5850.29		.84
NON-HSC HOSPITAL TOTAL	8	48		52,722.80		1098.39	.007		6590.35		7.55
ACCOMMODATIONS	8	48		21,457.09		447.02	.007		2682.14		3.07
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	48		21,457.09		447.02	.007		2682.14		3.07
ANCILLARIES	8	0		31,265.71		.00	.000		3908.21		4.48
INPATIENT CROSSOVERS	98	366		77,396.30		211.47	.052		789.76		11.08
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	860	3,677		61,110.06		16.62	.527		71.06		8.75
MEDICAL	18	20		605.34		30.27	.003		33.63		.09
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	12		165.62		13.80	.002		33.12		.02
RADIOLOGY	2	2		48.59		24.30	.000		24.30		.01
ROOM USE	5	6		206.44		34.41	.001		41.29		.03
CROSSOVERS/ALL OTH OUTPINT	840	3,637		60,084.07		16.52	.521		71.53		8.60
@COUNTY HOSPITAL TOTAL	4	7	\$	58.85	\$	8.41	.001	\$	14.71	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	7		58.85		8.41	.001		14.71		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	7		58.85		8.41	.001		14.71		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	EPOR'			DEC		P	PAGE 2,635

					MC	NTHLY AVERA	GE	
6,983 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	926	4,089	\$ 197,020.60	\$ 48.18	.586	\$ 212.77	\$	28.21
COMM HOSP INPATIENT TOTAL	107	419	135,969.39	324.51	.060	1270.74		19.47
HSC HOSPITALS	1	5	5,850.29	1170.06	.001	5850.29		.84
NON-HSC HOSPITALS TOTAL	8	48	52,722.80	1098.39	.007	6590.35		7.55
ACCOMMODATIONS	8	48	21,457.09	447.02	.007	2682.14		3.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	8	48	21,457.09	447.02	.007	2682.14		3.07
ANCILLARIES	8	0	31,265.71	.00	.000	3908.21		4.48
INPATIENT CROSSOVERS	98	366	77,396.30	211.47	.052	789.76		11.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	857	3,670		61,051.21		16.64	.526		71.24		8.74
MEDICAL	18	20		605.34		30.27	.003		33.63		.09
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	12		165.62		13.80	.002		33.12		.02
RADIOLOGY	2	2		48.59		24.30	.000		24.30		.01
ROOM USE	5	6		206.44		34.41	.001		41.29		.03
CROSSOVERS/ALL OTH OUTPTNT	837	3,630		60,025.22		16.54	.520		71.71		8.60
@STATE HOSPITAL	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	·	.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	141	3,752	\$	539,357.73	\$	143.75	.537	\$	3825.23	\$	77.24
LEV A-INTERMEDIATE	1	61		5,161.82		84.62	.009		5161.82		.74
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	140	3,691		534,195.91		144.73	.529		3815.69		76.50
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	15	\$	7,985.04	\$	532.34	.002	\$	887.23	\$	1.14
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	15		7,985.04		532.34	.002		887.23		1.14
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	15	\$	211.20	\$	14.08	.002	\$	42.24	\$.03
PATHOLOGY	1	10		137.86		13.79	.001		137.86		.02
XO AND OTHERS	4	5		73.34		14.67	.001		18.34		.01
@ORGANIZED OUTPATIENT CLINIC	129	229	\$	17,556.99	\$	76.67	.033	\$	136.10	\$	2.51
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	36	40		7,422.64		185.57	.006		206.18		1.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	93	189		10,134.35		53.62	.027		108.97		1.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDIT	JRES M	ONTH-OF-PAYMENT RE	EPOR'	r for jan 20	003 THRU	DEC	2003	PA	GE 2,636
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	R PUBLIC	C ASSI	STANCE - AGED							

LE DOIGIDO COUNTI	DOMINICI OI DIN	VICED FOR FODER TODALC	11111011				
					MON	THLY AVERA	GE
6,983 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	901	91,713 \$	248,335.93	\$ 2.71	13.134 \$	275.62	\$ 35.56
DURABLE MED. EQUIP.	8	33	1,172.51	35.53	.005	146.56	.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	10	1,732.07	173.21	.001	192.45	.25
MEDICAL TRANSPORTATION	54	653	3,263.64	5.00	.094	60.44	.47
AMBULANCES/AIR TRANS	5	11	624.96	56.81	.002	124.99	.09
OTHER TRANS	15	129	539.52	4.18	.018	35.97	.08
OTHER SERVICES	36	513	2,099.16	4.09	.073	58.31	.30
ACUPUNCTURE	3	7	135.16	19.31	.001	45.05	.02
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	359	2,424	174,692.16	72.07	.347	486.61	25.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	117	261	3,344.97	12.82	.037	28.59	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	8	11	68.48	6.23	.002	8.56	.01
PROSTHETIST/ORTHOTISTS	2	3	55.76	18.59	.000	27.88	.01
PROSTHETICS	2	3	55.76	18.59	.000	27.88	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	3	3	6.74	2.25	.000		2.25	.00
SPEECH AND AUDIOLOGY	10	20	4,622.21	231.11	.003		462.22	.66
HOSPICE SERVICES	8	215	23,719.74	110.32	.031	2	964.97	3.40
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	409	88,073	35,522.49	.40	12.612		86.85	5.09
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,144	12,709	\$ 283,487.24	\$ 22.31	1.820	\$	132.22	\$ 40.60

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,637

01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

						MON	THLY AVERA	GE	
698 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	519	26,535	\$	463,311.35	\$ 17.46	38.016	892.70	\$ 663.77	
@PHYSICIANS SERVICES	179	560	\$	18,570.49	\$ 33.16	.802			
OUTPATIENT VISITS	72	108		3,469.43	32.12	.155	48.19	4.97	
OFFICE VISITS	36	53		1,413.84	26.68	.076	39.27	2.03	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	16	18		1,222.26	67.90	.026	76.39	1.75	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	27	37		833.33	22.52	.053	30.86	1.19	
INPATIENT VISITS	13	80		3,329.87	41.62	.115	256.14	4.77	
HOSPITAL VISITS	11	78		2,947.33	37.79	.112	267.94	4.22	
CRITICAL CARE	2	2		382.54	191.27	.003	191.27	.55	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	6	6		271.41	45.24	.009	45.24	.39	
EXAMINATIONS	6	6		271.41	45.24	.009	45.24	.39	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	8	60		4,029.65	67.16	.086	503.71	5.77	
PRINCIPAL SURGEON	7	13		3,106.78	238.98	.019	443.83	4.45	
ASSISTANT SURGEON	1	1		113.92	113.92	.001	113.92	.16	
ANESTHESIOLOGIST	3	46		808.95	17.59	.066	269.65	1.16	
OUTPATIENT SURGERY	14	27		2,641.16	97.82	.039	188.65	3.78	
PRINCIPAL SURGEON	12	14		2,363.15	168.80	.020	196.93	3.39	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	13		278.01	21.39	.019	139.01	.40	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	7	9		340.21	37.80	.013	48.60	.49	
RADIOLOGY	33	56		1,610.93	28.77	.080	48.82	2.31	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	91	214		2,877.83	13.45	.307	31.62	4.12	
@PHARMACY	464	10,027	\$	159,625.46	\$ 15.92	14.365			
PRESCRIPTION DRUGS	454	1,965	•	146,622.39	74.62	2.815	322.96	210.06	
SNF/ICF	25	211		11,240.02	53.27	.302	449.60	16.10	
OUTPATIENTS	429	1,754		135,382.37	77.18	2.513	315.58	193.96	
MEDICAL SUPPLIES	89	8,062		13,003.07	1.61	11.550	146.10	18.63	
@DENTIST	30		\$	5,640.00	\$ 33.18	.244	188.00	\$ 8.08	
VISITS - DIAGNOSTIC	20	102	'	1,095.00	10.74	.146	54.75	1.57	
ORAL SURGERY	7	46		1,906.00	41.43	.066	272.29	2.73	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
	•	-						,	

PERIODONTICS	2	2	173.00	86.50	.003	86.50	. 25
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	14	666.00	47.57	.020	166.50	.95
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	5	1,800.00	360.00	.007	600.00	2.58
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M	ONTH-OF-PAYMENT REPOR	T FOR JAN	2003 THRU DEC	2003	PAGE 2,638
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC ASSI	STANCE - BLIND				
					N/ONTIT!	TTT 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7.0

EL DORADO COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC ASS	SISTANCE - BLIND				
					MON'		·
698 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@OPTOMETRIST	11	29 \$	2,327.09	\$ 80.24	.042 \$	211.55	3.33
DIAGNOSTIC AND ANC. PROCED	4	4	245.12	61.28	.006	61.28	.35
EYE APPLIANCES	10	25	2,081.97	83.28	.036	208.20	2.98
OTHER OPTOMETRIC SERVICES	0	0	.00	61.28 83.28 .00	.000	61.28 208.20 .00 .00 .00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	18	20 \$	249.63	\$ 12.48	.029 \$	13.87	.36
MEDICINE/INJECTIONS	5	5	112.20	22.44	.007	22.44	.16
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	. 00	.00
OTHER	13	15	137.43	9.16	.021	10.57	.20
@HOME HEALTH AGENCY	11	80 \$	5,920.70	\$ 74.01	.115 \$	538.25	
NURSE ANESTHESIST		0 \$.00	\$.00	.000 \$		
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$	00 5	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$	00	\$ 00	.000 \$.00	.00
@TOTAL HOSPITAL	127	611 \$.00 116,827.51	\$ 191 21		919.90	
HOSD INDATIENT TOTAL	19	139	107 963 30	776 71	.199	5682 28	15/ 60
HSC HOSDITALS	4	18	21 030 00	776.71 1168.33	026	5257.50	30.13
NON-HSC HOSDITAL TOTAL	5	60	21,030.00 78,761.96 31,376.60 462.60 .00 30,914.00 47,385.36 8,171.34 .00 8.864.21	1312 70	.086	15752.39	112 84
ACCOMMODATIONS	5	60	31 376 60	522.70	.086	6275.32	112.84 44.95
ACCOMMODATIONS ADMINITCTPATIVE DAVC	1	2	462 60	231 30	.003	462.60	.66
TPANSITTIONAL ID CAPE	0	0	102.00	231.30	.000	.00	.00
ALL OTHER ACCOM	4	5.8	30 914 00	533 00	.083	7728.50	44.29
ADD OTHER ACCOM		0	47 385 36	223.00	.000	9477.07	67.89
TNDATTENT CDOCCOVEDC	10	61	0 171 24	122 06	.087	817.13	11.71
ALL OTHER INDATIENT	10	0	0,171.54	133.90	.000	.00	.00
ALL OTHER INPATTENT	116	472	0 064 21	10 70	.676	76.42	12.70
MEDICAL	110	12	202 00	10.70	.017	36.62	.42
CIDCEDA	0	1	292.99	18.78 24.42 97.49	.001	97.49	.14
DATHOLOCY	22	00	1 102 72	13.57	.126	51.90	1.71
PADIOLOGY	2.3 1./	16	904 16	56.51	.023	64.58	1.30
RADIOLOGI DOOM HEE	14	0 5	2 967 76	33.74	.122	65.18	4.11
CDOCCOVEDC/ALL OTH OHTOTATE	67	05 270	2,867.76 3,508.08	12.99	.122	52.36	5.03
CROSSOVERS/ALL OIR OUIPINI	67	270	3,500.00	\$.00	.000 \$		
@COUNTY HOSPITAL TOTAL	0	0 Ş	.00	.00	.000 \$		
CO HOSPITAL INPALLENT TOTAL	0	0	.00	.00	.000	.00	.00
NOM AGG ACCULANTS ACANT	0	0	.00	.00	.000	.00	.00
NON-USC UOSELIATS IOIAT	0	0	.00	.00			.00
ACCOMMODATIONS	U	U	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	U	U	.00	.00		.00	
TRANSITIONAL IP CARE	0	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITALS NON-HSC HOSPITALS TOTAL HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	Ü	U	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	D EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,639
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES I	FOR PUBLIC ASSIS	TANCE - BLIND				

EL DORADO COUNTY	SUMMARY OF SER	VICES FOR	PUBLIC .	ASSIS	STANCE - BLIND						
							MC			GE	
698 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST		5			COST PER
		OR DAYS	OF CARE			PER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	127		611	\$	116,827.51	\$ 191.21	.875	\$	919.90	\$	
COMM HOSP INPATIENT TOTAL	19		139		107,963.30	776.71	.199		5682.28		154.68
HSC HOSPITALS	4		18		21,030.00	1168.33	.026		5257.50		30.13
NON-HSC HOSPITALS TOTAL	5		60		78,761.96	1312.70	.086		15752.39		112.84
ACCOMMODATIONS	5 5 1		60		31,376.60	522.94	.086		6275.32		44.95
ADMINISTRATIVE DAYS	1		2		462.60	231.30	.003		462.60		.66
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	4		58		30,914.00	533.00	.083		7728.50		44.29
ANCILLARIES	0 4 5		0		47,385.36	.00	.000		9477.07		67.89
INPATIENT CROSSOVERS	10		61		8,171.34	133.96	.087		817.13		11.71
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	116		472		8,864.21	18.78	.676		76.42		12.70
MEDICAL	8		12		292.99	24.42	.017		36.62		.42
SURGERY	1		1		97.49	97.49	.001		97.49		.14
PATHOLOGY	23		88		1,193.73	13.57	.126		51.90		1.71
RADIOLOGY	14		16		904.16	56.51	.023		64.58		1.30
ROOM USE	44		85		2,867.76	33.74	.122		65.18		4.11
CROSSOVERS/ALL OTH OUTPTNT	67		270		3,508.08	12.99	.387		52.36		5.03
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.000		.00		.00
@NURSING FACILITY	0 18		675	\$	112,820.15	\$ 167.14	.967	\$	6267.79	\$	161.63
LEV A-INTERMEDIATE	Ü		0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING			0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
LEV B-REGULAR	18		675		112,820.15	167.14	.967		6267.79		161.63
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00	.00	.000		.00		.00
ICF DD	0		0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	4		28	\$	541.91	\$ 19.35	.040	\$	135.48	\$.78
HOSPITAL BASED	0		0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	4		28		541.91	19.35	.040		135.48		.78
@LABORATORY FACILITY	10		70	\$	962.79	\$ 13.75	.100	\$	96.28	\$	1.38
PATHOLOGY	10		70		962.79	13.75	.100		96.28		1.38
XO AND OTHERS	0		0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	23		36	\$	2,924.53	\$ 81.24	.052	\$		\$	4.19
CLINIC	1		3		98.52	32.84	.004		98.52		.14
SURGICENTER	1		7		207.21	29.60	.010		207.21		.30
HEROIN DETOX CLINIC	0		0		.00	.00	.000		.00		.00

RURAL HEALTH CLINIC	21	26	2,618.80	100.72	.037	124.70	3.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2003	THRU DEC	2003	PAGE 2,640
MOP024	FEE-FOR-SERVICE/DENTAL	<u></u>					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC ASS	SISTANCE - BLIND				

					MON	THLY AVERA	GE.	
698 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	97	14,229	\$ 36,901.09	\$ 2.59	20.385 \$	380.42	\$	52.87
DURABLE MED. EQUIP.	7	29	16,299.43	562.05	.042	2328.49		23.35
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	1	1	653.20	653.20	.001	653.20		.94
MEDICAL TRANSPORTATION	16	301	2,446.20	8.13	.431	152.89		3.50
AMBULANCES/AIR TRANS	14	261	2,385.72	9.14	.374	170.41		3.42
OTHER TRANS	1	8	39.61	4.95	.011	39.61		.06
OTHER SERVICES	1	32	20.87	.65	.046	20.87		.03
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	28	137	11,044.21	8	0.61	.196	394.44	15.82
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	3	6	74.04	1	2.34	.009	24.68	.11
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	168.00	16	8.00	.001	168.00	.24
PROSTHETICS	1	1	168.00	16	8.00	.001	168.00	.24
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	18	2,707.36	15	0.41	.026	270.74	3.88
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	36	13,736	3,508.65		.26	19.679	97.46	5.03
@CALIF. CHILDREN SERVICES*	19	175	\$ 34,718.81	\$ 19	8.39	.251	\$ 1827.31	\$ 49.74
@XOVER EXCLUDING STATE HOSP**	140	571	\$ 14,875.35	\$ 2	6.05	.818	\$ 106.25	\$ 21.31

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,641

01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

EL DORADO COUNTI	SUMMARI OF SER	VICES FOR PUBLIC	ASSI	STANCE - DISABLED				
						MON		
29,215 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21,966	596,213	\$	14,674,475.89	\$ 24.61	20.408 \$		\$ 502.29
@PHYSICIANS SERVICES	6,824	23,169	\$	848,018.76	\$ 36.60	.793 \$	124.27	\$ 29.03
OUTPATIENT VISITS	3,620	5,375		212,255.67	39.49	.184	58.63	7.27
OFFICE VISITS	2,206	2,945		96,475.88	32.76	.101	43.73	3.30
HOME VISITS	2	2		114.40	57.20	.000	57.20	.00
EMERGENCY ROOM	1,253	1,606		95,878.51	59.70	.055	76.52	3.28
PREVENTIVE CARE	2	2		109.63	54.82	.000	54.82	.00
OB VISITS/COMPRE PERI	21	37		2,108.50	56.99	.001	100.40	.07
OTHER OUTPATIENT	629	783		17,568.75	22.44	.027	27.93	.60
INPATIENT VISITS	366	1,771		98,716.81	55.74	.061	269.72	3.38
HOSPITAL VISITS	328	1,514		70,662.85	46.67	.052	215.44	2.42
CRITICAL CARE	35	193		25,795.28	133.65	.007	737.01	.88
SNF/ICF/TRANS IP CARE	32	64		2,258.68	35.29	.002	70.58	.08
OPHTHALMOLOGICAL SERVICES	89	102		4,411.51	43.25	.003	49.57	.15
EXAMINATIONS	77	85		3,901.51	45.90	.003	50.67	.13
SERVICES AND MATERIALS	17	17		510.00	30.00	.001	30.00	.02
INPATIENT HOSPITAL SURGERY	191	1,417		87,562.64	61.79	.049	458.44	3.00
PRINCIPAL SURGEON	136	202		64,653.08	320.06	.007	475.39	2.21
ASSISTANT SURGEON	15	15		2,870.30	191.35	.001	191.35	.10
ANESTHESIOLOGIST	79	1,200		20,039.26	16.70	.041	253.66	.69
OUTPATIENT SURGERY	562	1,625		108,627.43	66.85	.056	193.29	3.72
PRINCIPAL SURGEON	478	636		87,743.55	137.96	.022	183.56	3.00
ASSISTANT SURGEON	3	3		183.54	61.18	.000	61.18	.01
ANESTHESIOLOGIST	125	986		20,700.34	20.99	.034	165.60	.71
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	479	919		23,200.21	25.25	.031	48.43	.79
RADIOLOGY	1,389	2,790		139,365.91	49.95	.095	100.34	4.77
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	108	1,220		42,676.82	34.98	.042	395.16	1.46
OTHER SERVICES/ALL X-OVERS	2,850	7,950		131,201.76	16.50	.272	46.04	4.49

@PHARMACY	18,397	283,958	\$	7,129,476.75	\$ 25.11	9.720 \$	387.53	\$	244.03
PRESCRIPTION DRUGS	18,203	73,948		6,920,141.33	93.58	2.531	380.16		236.87
SNF/ICF	245	1,640		96,399.28	58.78	.056	393.47		3.30
OUTPATIENTS	17,995	72,308		6,823,742.05	94.37	2.475	379.20		233.57
MEDICAL SUPPLIES	1,681	210,010		209,335.42	1.00	7.188	124.53		7.17
@DENTIST	1,935	7,987	\$	429,226.65	\$ 53.74	.273 \$	221.82	\$	14.69
VISITS - DIAGNOSTIC	1,197	4,135		60,257.52	14.57	.142	50.34		2.06
ORAL SURGERY	257	695		36,701.84	52.81	.024	142.81		1.26
DRUGS	3	3		.00	.00	.000	.00		.00
ANESTHESIA	5	5		500.00	100.00	.000	100.00		.02
PERIODONTICS	168	183		19,340.05	105.68	.006	115.12		.66
ENDODONTICS	163	277		68,846.00	248.54	.009	422.37		2.36
RESTORATIVE DENTISTRY	661	1,959		172,124.44	87.86	.067	260.40		5.89
PROSTHETICS	16	16		330.00	20.63	.001	20.63		.01
DENTURES, STAYPLATES	170	609		66,736.80	109.58	.021	392.57		2.28
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	6	6		550.00	91.67	.000	91.67		.02
FRACTURES, DISLOCATIONS	1	1		140.00	140.00	.000	140.00		.00
ORTHODONTIC SERVICES	27	64		3,625.00	56.64	.002	134.26		.12
ALL OTHER SERVICES	28	34		75.00	2.21	.001	2.68		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES M	MONTH-OF-PAYMENT REP	PORT FOR JAN	2003 THRU DE	C 2003	PA	GE 2,642
MOP024	FEE-FOR-SERVICE/DEN	ITAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSI	ISTANCE - DISABLED					
						MON	THLY AVERA	GE -	

@OPTOMETRIST 690 2,018 43,451.95 21.53 .069 62.97 1.49 DIAGNOSTIC AND ANC. PROCED 336 342 15,518.13 45.37 .012 46.18 .53 EYE APPLIANCES 550 1,578 25,746.52 16.32 .054 46.81 .88 OTHER OPTOMETRIC SERVICES 69 98 2,187.30 22.32 .003 31.70 .07 @CHIROPRACTOR 17 32 \$ 489.06 \$ 15.28 .001 \$ 28.77 \$.02 VISITS 17 32 489.06 15.28 .001 28.77 .02 OTHER SERVICES 0 0 0 .00
DIAGNOSTIC AND ANC. PROCED 336 342 15,518.13 45.37 .012 46.18 .53 EYE APPLIANCES 550 1,578 25,746.52 16.32 .054 46.81 .88 OTHER OPTOMETRIC SERVICES 69 98 2,187.30 22.32 .003 31.70 .07 @CHIROPRACTOR 17 32 \$ 489.06 \$ 15.28 .001 \$ 28.77 .02 VISITS 17 32 489.06 15.28 .001 28.77 .02 OTHER SERVICES 0 0 .00
EYE APPLIANCES 550 1,578 25,746.52 16.32 .054 46.81 .88 OTHER OPTOMETRIC SERVICES 69 98 2,187.30 22.32 .003 31.70 .07 @CHIROPRACTOR 17 32 \$ 489.06 \$ 15.28 .001 \$ 28.77 \$.02 VISITS 17 32 489.06 15.28 .001 28.77 .02 OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00 @PODIATRIST 127 194 \$ 3,421.59 \$ 17.64 .007 \$ 26.94 \$.12 MEDICINE/INJECTIONS 19 21 690.80 32.90 .001 36.36 .02 SURGERY/ANES. 1 1 13.00 13.00 .000 13.00 .00 RADIO./PATHOLOGY 1 2 34.60 17.30 .006 24.62 .09 OTHER 109 170 2,683.19 15.78 .006 24.62 .09
OTHER OPTOMETRIC SERVICES 69 98 2,187.30 22.32 .003 31.70 .07 @CHIROPRACTOR 17 32 \$ 489.06 \$ 15.28 .001 \$ 28.77 \$.02 VISITS 17 32 489.06 15.28 .001 28.77 .02 OTHER SERVICES 0 0 .00 .
@CHIROPRACTOR 17 32 \$ 489.06 \$ 15.28 .001 \$ 28.77 \$.02 VISITS 17 32 489.06 15.28 .001 28.77 .02 OTHER SERVICES 0 0 .00 .00 .00 .00 .00 @PODIATRIST 127 194 \$ 3,421.59 \$ 17.64 .007 \$ 26.94 \$.12 MEDICINE/INJECTIONS 19 21 690.80 32.90 .001 36.36 .02 SURGERY/ANES. 1 1 13.00 13.00 .000 13.00 .00 RADIO./PATHOLOGY 1 2 34.60 17.30 .000 34.60 .00 OTHER 109 170 2,683.19 15.78 .006 24.62 .09
VISITS 17 32 489.06 15.28 .001 28.77 .02 OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00 @PODIATRIST 127 194 \$ 3,421.59 \$ 17.64 .007 \$ 26.94 \$.12 MEDICINE/INJECTIONS 19 21 690.80 32.90 .001 36.36 .02 SURGERY/ANES. 1 1 13.00 13.00 .000 13.00 .00 RADIO./PATHOLOGY 1 2 34.60 17.30 .000 34.60 .00 OTHER 109 170 2,683.19 15.78 .006 24.62 .09
OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00 @PODIATRIST 127 194 \$ 3,421.59 \$ 17.64 .007 \$ 26.94 \$.12 MEDICINE/INJECTIONS 19 21 690.80 32.90 .001 36.36 .02 SURGERY/ANES. 1 1 13.00 13.00 .000 13.00 .00 RADIO./PATHOLOGY 1 2 34.60 17.30 .000 34.60 .00 OTHER 109 170 2,683.19 15.78 .006 24.62 .09
@PODIATRIST 127 194 \$ 3,421.59 \$ 17.64 .007 \$ 26.94 \$.12 MEDICINE/INJECTIONS 19 21 690.80 32.90 .001 36.36 .02 SURGERY/ANES. 36.36 .02 .00 .000 13.00 .000 .000 .000 .000 .000
MEDICINE/INJECTIONS 19 21 690.80 32.90 .001 36.36 .02 SURGERY/ANES. 1 1 13.00 13.00 .000 13.00 .00 RADIO./PATHOLOGY 1 2 34.60 17.30 .000 34.60 .00 OTHER 109 170 2,683.19 15.78 .006 24.62 .09
SURGERY/ANES. 1 1 13.00 13.00 .00 13.00 .00 RADIO./PATHOLOGY 1 2 34.60 17.30 .000 34.60 .00 OTHER 109 170 2,683.19 15.78 .006 24.62 .09
RADIO./PATHOLOGY 1 2 34.60 17.30 .000 34.60 .00 OTHER 109 170 2,683.19 15.78 .006 24.62 .09
OTHER 109 170 2,683.19 15.78 .006 24.62 .09
@HOME HEALTH AGENCY 105 2,259 \$ 96,726.03 \$ 42.82 .077 \$ 921.20 \$ 3.31
NURSE ANESTHESIST 11 82 \$ 395.38 \$ 4.82 .003 \$ 35.94 \$.01
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 .000 \$.00 \$.00
FAMILY NURSE PRACTITIONER 9 16 \$ 350.23 \$ 21.89 .001 \$ 38.91 \$.01
@TOTAL HOSPITAL 5,734 31,037 \$ 4,072,129.95 \$ 131.20 1.062 \$ 710.17 \$ 139.38
HOSP INPATIENT TOTAL 465 2,467 3,358,372.02 1361.32 .084 7222.31 114.95
HSC HOSPITALS 78 551 770,571.50 1398.50 .019 9879.12 26.38
NON-HSC HOSPITAL TOTAL 217 1,356 2,453,420.75 1809.31 .046 11306.09 83.98
ACCOMMODATIONS 216 1,356 751,976.33 554.55 .046 3481.37 25.74
ADMINISTRATIVE DAYS 8 93 21,510.90 231.30 .003 2688.86 .74
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 214 1,263 730,465.43 578.36 .043 3413.39 25.00
ANCILLARIES 217 0 1,701,444.42 .00 .000 7840.76 58.24
INPATIENT CROSSOVERS 173 560 134,379.77 239.96 .019 776.76 4.60
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00
HOSP OUTPATIENT TOTAL 5,483 28,570 713,757.93 24.98 .978 130.18 24.43
MEDICAL 831 1,439 45,515.09 31.63 .049 54.77 1.56
SURGERY 293 318 13,948.30 43.86 .011 47.61 .48
PATHOLOGY 2,145 10,684 129,522.54 12.12 .366 60.38 4.43
RADIOLOGY 1,271 1,966 164,264.46 83.55 .067 129.24 5.62
ROOM USE 2,178 3,761 138,189.44 36.74 .129 63.45 4.73

CROSSOVERS/ALL OTH OUTPTNT	2,734	10,402		222,318.10	21.37	.356	81.32		7.61
@COUNTY HOSPITAL TOTAL	16	48	\$	23,722.89 \$	494.23	.002	\$ 1482.68	\$.81
CO HOSPITAL INPATIENT TOTAL	3	21		22,358.00	1064.67	.001	7452.67		.77
HSC HOSPITALS	3	21		22,358.00	1064.67	.001	7452.67		.77
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	13	27		1,364.89	50.55	.001	104.99		.05
MEDICAL	5	5		113.25	22.65	.000	22.65		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	3		50.19	16.73	.000	50.19		.00
RADIOLOGY	2	3		81.14	27.05	.000	40.57		.00
ROOM USE	6	6		207.40	34.57	.000	34.57		.01
CROSSOVERS/ALL OTH OUTPTNT	5	10		912.91	91.29	.000	182.58		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITUR	RES MONTH-O	F-PAYMENT REPO	RT FOR JAN	2003 THRU I	DEC 2003	PAGI	E 2,643
MOP024	FEE-FOR-SERVICE/DENTA							1	01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES 1	FOR PUBLIC	ASSISTANCE	- DISABLED					

EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

EL DORADO COUNTI	SUMMARI OF SER	VICES FOR PUBLIC	ASSI	ISTANCE - DISABLED		MON	א מיזוד ע אווייו	CE	
29,215 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
29,219 601616065	USERS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,724	30,989	; ;	4,048,407.06	\$ 130.64	1.061			
COMM HOSP INPATIENT TOTAL	463	2,446	Ą	3,336,014.02	1363.87	.084	7205.21	Ą	114.19
HSC HOSPITALS	75	530			1411.72	.018	9976.18		25.61
NON-HSC HOSPITALS TOTAL	217	1,356		•	1809.31	.016	11306.09		83.98
ACCOMMODATIONS	216	1,356			554.55	.046	3481.37		25.74
ADMINISTRATIVE DAYS	8	93		21,510.90	231.30	.003	2688.86		.74
TRANSITIONAL IP CARE	0	0		.00	.00	.003	.00		.00
ALL OTHER ACCOM	214	1,263		730,465.43	578.36	.043	3413.39		25.00
ANCILLARIES	214	1,203		1,701,444.42	.00	.000	7840.76		58.24
INPATIENT CROSSOVERS	173	560		134,379.77	239.96	.019	776.76		4.60
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	5,475	28,543		712,393.04	24.96	.977	130.12		24.38
MEDICAL	827	1,434		45,401.84	31.66	.049	54.90		1.55
SURGERY	293	318		13,948.30	43.86	.011	47.61		.48
PATHOLOGY	2,144	10,681		129,472.35	12.12	.366	60.39		4.43
RADIOLOGY	1,270	1,963		164,183.32	83.64	.067	129.28		5.62
ROOM USE	2,174	3,755			36.75	.129	63.47		4.72
CROSSOVERS/ALL OTH OUTPTNT		10,392		221,405.19	21.31	.356	81.10		7.58
@STATE HOSPITAL	2,730	10,392	\$.00	\$.00	.000 8		Ċ	.00
MENTALLY ILL	0	0	Ą	.00	.00	.000	.00	Ų	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	149	4,179	\$	634,261.71	\$ 151.77	.143		Ċ	21.71
LEV A-INTERMEDIATE	110	1,1,5	Y	.00	.00	.000	.00	٧	.00
LEV B-REHAB MD	6	211		26,260.55	124.46	.007	4376.76		.90
LEV B-SUBACUTE FREESTANDING	2	50		19,434.65	388.69	.002	9717.33		.67
LEV B-SUBACUTE HSPTL BASED	2	75		43,309.95	577.47	.003	21654.98		1.48
LEV B-TRANSITIONAL IP CARE	0	, 3		.00	.00	.000	.00		.00
LEV B-REGULAR	139	3,843		545,256.56	141.88	.132	3922.71		18.66
@INTERMEDIATE CARE FACILDD	1	29	\$	5,300.91	\$ 182.79	.001		Ś	.18
ICF DDH	0	0	~	.00	.00	.000	.00	Υ	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	1	29			182.79	.001	5300.91		.18
@HEMODIALYSIS TOTAL	45	64	Ś	28,805.10	\$ 450.08	.002		Ś	.99
HOSPITAL BASED	0	0	Ψ.	.00	.00	.000	.00	~	.00
HEMODIALYSIS CENTER	45	64		28,805.10	450.08	.002	640.11		.99
				,					

@REHABILITATION FACILITY	85	1,298	\$	19,617.23	\$	15.11	.044	\$	230.79	\$.67
HOSPITAL BASED	10	21		1,075.74		51.23	.001		107.57		.04
INDEPENDENT FACILITY	75	1,277		18,541.49		14.52	.044		247.22		.63
@LABORATORY FACILITY	577	2,724	\$	37,475.67	\$	13.76	.093	\$	64.95	\$	1.28
PATHOLOGY	569	2,714		37,238.14		13.72	.093		65.44		1.27
XO AND OTHERS	8	10		237.53		23.75	.000		29.69		.01
@ORGANIZED OUTPATIENT CLINIC	2,278	4,338	\$	504,138.24	\$	116.21	.148	\$	221.31	\$	17.26
CLINIC	85	213		4,361.52		20.48	.007		51.31		.15
SURGICENTER	71	265		13,117.92		49.50	.009		184.76		.45
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,142	3,860		486,658.80		126.08	.132		227.20		16.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES M	MONTH-OF-PAYMENT R	EPOR	r for Jan	2003 THRU	DEC	2003	PI	AGE 2,644
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERVIC	ES FOR PUBLIC	ASSI	STANCE - DISABLED							
							M	ONT	HLY AVERA	GE -	
29,215 ELIGIBLES	USERS U	NITS OF SERVICE	C	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CARE	C		PE	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	3,007	232,829	\$	821,190.68	\$	3.53	7.970	\$	273.09	\$	28.11
DIDADIE MED HOUTD	200	1 500		225 766 05		156 07	0.51		726 77		0 07

29,215 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
	2 225	OR DAYS OF CAR		001 100 60	PER UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	3,007	232,829	\$	821,190.68	\$ 3.53	7.970	•	Ş	28.11
DURABLE MED. EQUIP.	320	1,502		235,766.85	156.97	.051	736.77		8.07
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	9	11		1,690.70	153.70	.000	187.86		.06
MEDICAL TRANSPORTATION	585	18,060		101,501.00	5.62	.618	173.51		
AMBULANCES/AIR TRANS	519	5,783		67,663.20	11.70	.198	130.37		2.32
OTHER TRANS	24	11,436		20,609.13	1.80	.391	858.71		.71
OTHER SERVICES	51	841		13,228.67	15.73	.029	259.39		.45
ACUPUNCTURE	10	33		600.12	18.19	.001	60.01		.02
ADULT DAY HEALTH CARE CTR	36	593		41,200.83	69.48	.020	1144.47		1.41
GENETIC DISEASE TESTING	3	3		315.00	105.00	.000	105.00		.01
IHMC, MODEL-NF, NF, AIDS, MSSP	185	1,520		100,172.27	65.90	.052	541.47		3.43
OCCUPATIONAL THERAPIST	2	5		103.00	20.60	.000	51.50		.00
OPTICIAN	521	1,128		12,409.60	11.00	.039	23.82		.42
PHYSICAL THERAPIST	1	9		147.04	16.34	.000	147.04		.01
PORTABLE X-RAY	6	10		57.72	5.77	.000	9.62		.00
PROSTHETIST/ORTHOTISTS	60	174		23,991.22	137.88	.006	399.85		.82
PROSTHETICS	60	174		23,991.22	137.88	.006	399.85		.82
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	299	783		34,114.13	43.57	.027	114.09		1.17
HOSPICE SERVICES	19	440		54,580.77	124.05	.015	2872.67		1.87
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	349	15,093		87,079.87	5.77	.517	249.51		2.98
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	810	193,465		127,460.56		6.622	157.36		4.36
@CALIF. CHILDREN SERVICES*	374	13,003	\$	905,149.74		.445		\$	30.98
@XOVER EXCLUDING STATE HOSP**	3,653	25,485	Ė	416,813.99		.872			14.27
* TOTALC IN THECE IINEC ARE CI	,		TTTM			–		•	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,645
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

							M	ONT	THLY AVERA	ωGE	
29,284 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	14,786	73,953	\$	4,077,836.27	\$	55.14	2.525	\$	275.79	\$	139.25
@PHYSICIANS SERVICES	5,841	12,995	\$	607,384.07	\$	46.74	.444	\$	103.99	\$	20.74
OUTPATIENT VISITS	4,681	6,194		250,171.67		40.39	.212		53.44		8.54
OFFICE VISITS	2,584	3,195		112,335.79		35.16	.109		43.47		3.84

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	1	1	37.42	37.42	.000	37.42	.00
EMERGENCY ROOM	1,915	2,227	108,841.10	48.87	.076	56.84	3.72
PREVENTIVE CARE	34	34	1,576.48	46.37	.001	46.37	.05
OB VISITS/COMPRE PERI	141	233	16,555.84	71.06	.008	117.42	.57
OTHER OUTPATIENT	418	504	10,825.04	21.48	.017	25.90	.37
INPATIENT VISITS	213	693	39,300.39	56.71	.024	184.51	1.34
HOSPITAL VISITS	208	580	26,594.08	45.85	.020	127.86	.91
CRITICAL CARE	19	112	12,634.21	112.81	.004	664.96	.43
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	.00
OPHTHALMOLOGICAL SERVICES	40	49	2,103.48	42.93	.002	52.59	.07
EXAMINATIONS	38	44	1,953.48	44.40	.002	51.41	.07
SERVICES AND MATERIALS	5	5	150.00	30.00	.000	30.00	.01
INPATIENT HOSPITAL SURGERY	215	1,010	126,376.18	125.12	.034	587.80	4.32
PRINCIPAL SURGEON	160	239	107,491.37	449.75	.008	671.82	3.67
ASSISTANT SURGEON	17	17	2,965.00	174.41	.001	174.41	.10
ANESTHESIOLOGIST	66	754	15,919.81	21.11	.026	241.21	.54

OUTPATIENT SURGERY	443	1,244		77,381.22	62.20	.042		174.68		2.64
PRINCIPAL SURGEON	360	452		60,405.94	133.64	.015		167.79		2.06
ASSISTANT SURGEON	2	2		153.39	76.70	.000		76.70		.01
ANESTHESIOLOGIST	112	790		16,821.89	21.29	.027		150.20		.57
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	572	760		13,775.22	18.13	.026		24.08		. 47
RADIOLOGY	959	1,336		50,629.14	37.90	.046		52.79		1.73
PSYCHIATRY	0	. 0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	100	235		17,232.00	73.33	.008		172.32		.59
OTHER SERVICES/ALL X-OVERS	422	1,474		30,414.77	20.63	.050		72.07		1.04
@PHARMACY	7,170	21,976	\$	838,494.95	\$ 38.16	.750	\$	116.94	\$	28.63
PRESCRIPTION DRUGS	7,129	15,856	·	828,882.47	52.28	.541	•	116.27	·	28.30
SNF/ICF	25	147		8,431.86	57.36	.005		337.27		.29
OUTPATIENTS	7,110	15,709		820,450.61	52.23	.536		115.39		28.02
MEDICAL SUPPLIES	132	6,120		9,612.48	1.57	.209		72.82		.33
@DENTIST	2,142	9,989	\$	376,772.63	\$ 37.72	.341	\$	175.90	\$	12.87
VISITS - DIAGNOSTIC	1,457	6,086		94,202.00	15.48	.208		64.65		3.22
ORAL SURGERY	250	524		30,859.00	58.89	.018		123.44		1.05
DRUGS	16	19		365.00	19.21	.001		22.81		.01
ANESTHESIA	5	5		500.00	100.00	.000		100.00		.02
PERIODONTICS	67	69		6,542.00	94.81	.002		97.64		.22
ENDODONTICS	198	354		62,383.00	176.22	.012		315.07		2.13
RESTORATIVE DENTISTRY	830	2,644		163,572.50	61.87	.090		197.08		5.59
PROSTHETICS	2	2		60.00	30.00	.000		30.00		.00
DENTURES, STAYPLATES	23	111		8,290.45	74.69	.004		360.45		.28
SPACE MAINTAINERS	16	21		2,182.00	103.90	.001		136.38		.07
MAXILLOFACIAL SERVICES	2	2		350.00	175.00	.000		175.00		.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	79	106		7,016.68	66.20	.004		88.82		.24
ALL OTHER SERVICES	49	46		450.00	9.78	.002		9.18		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES M	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC	2003	PP	AGE 2,646
MOP024	FEE-FOR-SERVICE	'								01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	ASSI	STANCE - FAMILIES						
						M	-		-	
29 284 ELIGIBLES	DGADII	INITE OF SERVICE	교	PADEMULLIBEC	AMERAGE COST	TINITTO / DAV	9 (TOOT DED		TOOT DED

			_							ОП		
29,284 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER	
		OR DAYS OF CAR	C		$_{ m PE}$	R UNIT/DAY	PER ELIG		USER	1	ELIGIBLE	
@OPTOMETRIST	459	1,328	\$	30,420.24	\$	22.91	.045	\$	66.28	\$	1.04	
DIAGNOSTIC AND ANC. PROCED	343	346		16,012.03		46.28	.012		46.68		.55	
EYE APPLIANCES	345	975		14,188.10		14.55	.033		41.12		.48	
OTHER OPTOMETRIC SERVICES	7	7		220.11		31.44	.000		31.44		.01	
@CHIROPRACTOR	8	21	\$	334.40	\$	15.92	.001	\$	41.80	\$.01	
VISITS	8	21		334.40		15.92	.001		41.80		.01	
OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
@PODIATRIST	9	13	\$	480.92	\$	36.99	.000	\$	53.44	\$.02	
MEDICINE/INJECTIONS	8	11		373.18		33.93	.000		46.65		.01	
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00	
OTHER	1	2		107.74		53.87	.000		107.74		.00	
@HOME HEALTH AGENCY	17	39	\$	2,343.67	\$	60.09	.001	\$	137.86	\$.08	
NURSE ANESTHESIST	6	52	\$	743.55	\$	14.30	.002	\$	123.93	\$.03	
NURSE MIDWIFE	5	46	\$	2,435.48	\$	52.95	.002	\$	487.10	\$.08	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	9	13	\$	354.37	\$	27.26	.000	\$	39.37	\$.01	
@TOTAL HOSPITAL	3,762	14,928	\$	1,673,778.88	\$	112.12	.510	\$	444.92	\$	57.16	
HOSP INPATIENT TOTAL	215	877		1,312,340.88		1496.40	.030		6103.91		44.81	
HSC HOSPITALS	55	240		301,989.12		1258.29	.008		5490.71		10.31	
NON-HSC HOSPITAL TOTAL	162	637		1,010,351.76		1586.11	.022		6236.74		34.50	
ACCOMMODATIONS	157	637		322,650.68		506.52	.022		2055.10		11.02	•
ADMINISTRATIVE DAYS	2	32		7,401.60		231.30	.001		3700.80		. 25	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	

ALL OTHER ACCOM	155	605		315,249.08	521.07	.021	2033.87	1	0.77	
ANCILLARIES	162	0		687,701.08	.00	.000	4245.07	2	3.48	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
HOSP OUTPATIENT TOTAL	3,684	14,051		361,438.00	25.72	.480	98.11	1	2.34	
MEDICAL	596	851		20,401.10	23.97	.029	34.23		.70	
SURGERY	307	356		12,089.95	33.96	.012	39.38		.41	
PATHOLOGY	1,423	5,133		72,079.14	14.04	.175	50.65		2.46	
RADIOLOGY	908	1,218		72,742.53	59.72	.042	80.11		2.48	
ROOM USE	2,749	3,875		144,804.48	37.37	.132	52.68		4.94	
CROSSOVERS/ALL OTH OUTPTNT	1,325	2,618		39,320.80	15.02	.089	29.68		1.34	
@COUNTY HOSPITAL TOTAL	12	61	\$	21,941.49	\$ 359.70	.002	\$ 1828.46	\$.75	
CO HOSPITAL INPATIENT TOTAL	1	19		20,425.02	1075.00	.001	20425.02		.70	
HSC HOSPITALS	1	19		20,425.02	1075.00	.001	20425.02		.70	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00	
ANCILLARIES	0	0		.00	.00	.000	.00		.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	11	42		1,516.47	36.11	.001	137.86		.05	
MEDICAL	4	5		187.46	37.49	.000	46.87		.01	
SURGERY	2	3		147.81	49.27	.000	73.91		.01	
PATHOLOGY	2	5		43.79	8.76	.000	21.90		.00	
RADIOLOGY	3	5		321.24	64.25	.000	107.08		.01	
ROOM USE	10	13		607.74	46.75	.000	60.77		.02	
CROSSOVERS/ALL OTH OUTPTNT	6	11		208.43	18.95	.000	34.74		.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDIT	URES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU I	DEC 2003	PAGE	2,647	
MOP024	FEE-FOR-SERVICE/DENTAL							01	/29/04	
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	R PUBLI	C ASSIS	STANCE - FAMILIES						
						MC	ONTHLY AVERA	GE		

							NIDLI AVERA	
29,284 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,753	14,867	\$	1,651,837.39	\$ 111.11	.508	\$ 440.14	\$ 56.41
COMM HOSP INPATIENT TOTAL	214	858		1,291,915.86	1505.73	.029	6036.99	44.12
HSC HOSPITALS	54	221		281,564.10	1274.05	.008	5214.15	9.61
NON-HSC HOSPITALS TOTAL	162	637		1,010,351.76	1586.11	.022	6236.74	34.50
ACCOMMODATIONS	157	637		322,650.68	506.52	.022	2055.10	11.02
ADMINISTRATIVE DAYS	2	32		7,401.60	231.30	.001	3700.80	.25
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	155	605		315,249.08	521.07	.021	2033.87	10.77
ANCILLARIES	162	0		687,701.08	.00	.000	4245.07	23.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,676	14,009		359,921.53	25.69	.478	97.91	12.29
MEDICAL	592	846		20,213.64	23.89	.029	34.14	.69
SURGERY	305	353		11,942.14	33.83	.012	39.15	.41
PATHOLOGY	1,421	5,128		72,035.35	14.05	.175	50.69	2.46
RADIOLOGY	905	1,213		72,421.29	59.70	.041	80.02	2.47
ROOM USE	2,742	3,862		144,196.74	37.34	.132	52.59	4.92
CROSSOVERS/ALL OTH OUTPINT	1,319	2,607		39,112.37	15.00	.089	29.65	1.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	11	\$	2,600.18	\$ 236.38	.000	\$ 2600.18	\$.09
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	11		2,600.18		236.38	.000		2600.18		.09
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	10	22	\$	876.33	\$	39.83	.001	\$	87.63	\$.03
HOSPITAL BASED	7	17		765.03		45.00	.001		109.29		.03
INDEPENDENT FACILITY	3	5		111.30		22.26	.000		37.10		.00
@LABORATORY FACILITY	523	1,634	\$	27,388.63	\$	16.76	.056	\$	52.37	\$.94
PATHOLOGY	523	1,634		27,388.63		16.76	.056		52.37		.94
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,227	4,182	\$	431,942.56	\$	103.29	.143	\$	193.96	\$	14.75
CLINIC	394	1,201		23,682.60		19.72	.041		60.11		.81
SURGICENTER	50	282		10,308.93		36.56	.010		206.18		.35
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,804	2,699		397,951.03		147.44	.092		220.59		13.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES M	ONTH-OF-PAYMENT RI	EPOR:	r for Jan	2003 THRU	DEC	2003	PI	AGE 2,648
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
EL DORADO COUNTY	STIMMARY OF SERVICES	FOR PUBLIC	ASST	STANCE - FAMILIES							

EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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								M	-			
29,284 ELIGIBLES	USERS	UNITS OF SERVIC		E	XPENDITURES		ERAGE COST				COST	
		OR DAYS OF CAR	E				R UNIT/DAY				ELIG	
@ALL OTHER PROVIDERS	1,328	6,704	\$		81,485.41	\$	12.15	.229		36	\$	2.78
DURABLE MED. EQUIP.	30	41			4,097.04		99.93	.001	136.	57		.14
BLOOD BANK	0	0			.00		.00	.000		00		.00
HEARING AID DISPENSERS	1	1			425.53		425.53	.000	425.	53		.01
MEDICAL TRANSPORTATION	214	2,844			34,019.40		11.96	.097	158.	97		1.16
AMBULANCES/AIR TRANS	213	2,822			28,562.82		10.12	.096	134.	10		.98
OTHER TRANS	2	19			56.58		2.98	.001	28.	29		.00
OTHER SERVICES	3	3			5,400.00		1800.00	.000	1800.	00		.18
ACUPUNCTURE	0	0			.00		.00	.000		00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		00		.00
GENETIC DISEASE TESTING	28	28			2,840.00		101.43	.001	101.	43		.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		00		.00
OPTICIAN	327	684			6,123.71		8.95	.023	18.	73		.21
PHYSICAL THERAPIST	0	0			.00		.00	.000		00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		00		.00
PROSTHETIST/ORTHOTISTS	18	30			2,886.65		96.22	.001	160.	37		.10
PROSTHETICS	18	30			2,886.65		96.22	.001	160.	37		.10
ORTHOTICS	0	0			.00		.00	.000		00		.00
PSYCHOLOGIST	3	8			484.23		60.53	.000	161.	41		.02
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		00		.00
NONINST BIRTHING CENTERS	1	1			1,046.55		1046.55	.000	1046.	55		.04
LOCAL EDUCATION AGENCIES	710	3,057			29,221.45		9.56	.104	41.	16		1.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		00		.00
ALL OTHER PROVIDERS	5	10			340.85		34.09	.000	68.	17		.01
@CALIF. CHILDREN SERVICES*	116	865	\$		141,466.90	\$	163.55	.030	\$ 1219.	54	\$	4.83
@XOVER EXCLUDING STATE HOSP**	5	10	\$		72.30	\$	7.23	.000	\$ 14.	46	\$.00
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^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
EL DORADO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

ELDORADO COUNTY

ELDORA ----- MONTHLY AVERAGE -----

66,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	 ERAGE COST R UNIT/DAY	UNITS/DAYS PER ELIG	C	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,301	3,740	\$ 82,695.64	\$ 22.11	.057	\$	63.56	\$ 1.25
DIAGNOSTIC AND ANC. PROCED	697	706	32,360.70	45.84	.011		46.43	.49
EYE APPLIANCES	1,013	2,875	46,955.88	16.33	.043		46.35	.71
OTHER OPTOMETRIC SERVICES	108	159	3,379.06	21.25	.002		31.29	.05
@CHIROPRACTOR	27	55	\$ 856.90	\$ 15.58	.001	\$	31.74	\$.01
VISITS	25	53	823.46	15.54	.001		32.94	.01
OTHER SERVICES	2	2	33.44	16.72	.000		16.72	.00
@PODIATRIST	244	324	\$ 5,197.81	\$ 16.04	.005	\$	21.30	\$.08
MEDICINE/INJECTIONS	32	37	1,176.18	31.79	.001		36.76	.02
SURGERY/ANES.	1	1	13.00	13.00	.000		13.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000		34.60	.00
OTHER	213	284	3,974.03	13.99	.004		18.66	.06
@HOME HEALTH AGENCY	133	2,378	\$ 104,990.40	\$ 44.15	.036	\$	789.40	\$ 1.59
NURSE ANESTHESIST	18	135	\$ 1,156.40	\$ 8.57	.002	\$	64.24	\$.02

NURSE MIDWIFE	5	46	Ś	2,435.48	\$	52.95	.001	\$ 487.10	\$.04
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		\$.00
	18	29				24.30	.000	\$ 39.14		.01
FAMILY NURSE PRACTITIONER	10,552		\$		\$					
@TOTAL HOSPITAL	10,552	50,672	\$			119.59	.766		Ş	91.57
HOSP INPATIENT TOTAL	806	3,902		4,914,645.59		1259.52	.059	6097.58		74.26
HSC HOSPITALS	806 138 392 386	814		1,099,440.91		1350.66	.012	7966.96		16.61
NON-HSC HOSPITAL TOTAL	392	2,101		3,595,257.27		1711.21	.032	9171.57		54.33
ACCOMMODATIONS	386	2,101		1,127,460.70		1711.21 536.63	.032	2920.88		17.04
ADMINITATE ANVO	11	127		29,375.10		231.30	.002	2670.46		.44
ADMINISTRATIVE DATA	11	0								
TRANSITIONAL IP CARE	0			.00		.00	.000	.00		.00
ALL OTHER ACCOM	381	1,974		1,098,085.60		556.27	.030	2882.11		16.59
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	392	0		2,467,796.57		556.27 .00 222.84	.000	6295.40		37.29
INPATIENT CROSSOVERS	281	987		219,947.41		222.84	.015	782.73		3.32
ΔΙ.Ι. ()'Ι'ΗΒ'Ρ ΙΝΡΔ'Ι'ΙΒ'Ν'Ι'	()	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	10,143	46,770		1,145,170.20		24.49	.707	112.90		17.30
MEDICAL	1,453	2,322		66,814.52		28.77	.035	45.98		1.01
	601	675		26,135.74		38.72	.010	43.49		.39
SURGERY										
PATHOLOGY	3,596	15,917		202,961.03		12.75	.241	56.44		3.07
RADIOLOGY	2,195	3,202		237,959.74		74.32	.048	108.41		3.60
ROOM USE	4,976	7,727		286,068.12		37.02	.117	57.49		4.32
CROSSOVERS/ALL OTH OUTPINT	4,966	16,927		325,231.05		19.21	.256	65.49		4.91
@COUNTY HOSPITAL TOTAL	32	116	\$			394.17		\$ 1428.85	Ś	.69
CO HOSPITAL INPATIENT TOTAL		40	٧	42,783.02	Υ	1069.58	.001	10695.76	٧	.65
HSC HOSPITALS	4	40		42,783.02		1069.58	.001	10695.76		.65
	4			·						
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	0	76								
CO HOSP OUTPATIENT TOTAL	28			2,940.21		38.69	.001	105.01		.04
MEDICAL	9	10		300.71		30.07	.000	33.41		.00
SURGERY	2	3		147.81		49.27	.000	73.91		.00
PATHOLOGY	3	8		93.98		11.75	.000	31.33		.00
RADIOLOGY	5	8		402.38		50.30	.000	80.48		.01
ROOM USE	16	19		815.14		42.90	.000	50.95		.01
CROSSOVERS/ALL OTH OUTPTNT		28		1,180.19		42.15	.000	78.68		.02
		ES AND EXPENDITUR	TC MC		ם חרם				DΛ	GE 2,651
MOP024	FEE-FOR-SERVICE		ווו טם	SNIII OF FAIMENT KI	BF OIC.	I FOR UAN 2	1111001	DEC 2005	I I	01/29/04
			A COTO	OMANCE MOMAT						01/29/04
EL DORADO COUNTY	SUMMARI OF SERV	ICES FOR PUBLIC	ASSI	STANCE - TOTAL			7.4	מתחווו זו אווחווו	an.	
CC 100 FI TGTPI FG	Hanna	INITES OF SERVICE			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	TD A CEL COCE		ONTHLY AVERA		
66,180 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				S COST PER		OST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	10,530	50,556	\$	6,014,092.56	\$	118.96	.764	\$ 571.14	\$	90.87
COMM HOSP INPATIENT TOTAL	803	3,862		4,871,862.57		1261.49	.058	6067.08		73.62
HSC HOSPITALS	134	774		1,056,657.89		1365.19	.012	7885.51		15.97
NON-HSC HOSPITALS TOTAL	392	2,101		3,595,257.27		1711.21	.032	9171.57		54.33
ACCOMMODATIONS	386	2,101		1,127,460.70		536.63	.032	2920.88		17.04
				29,375.10		231.30	.002			
ADMINISTRATIVE DAYS	11	127						2670.46		.44
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	381	1,974		1,098,085.60		556.27	.030	2882.11		16.59
ANCILLARIES	392	0		2,467,796.57		.00	.000	6295.40		37.29
INPATIENT CROSSOVERS	281	987		219,947.41		222.84	.015	782.73		3.32
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	10,124	46,694		1,142,229.99		24.46	.706	112.82		17.26
MEDICAL	1,445	2,312		66,513.81		28.77	.035	46.03		1.01
SURGERY	599	672		25,987.93		38.67	.010	43.39		.39
	3,593			202,867.05		12.75	.240			
PATHOLOGY	3,333	15,909		202,007.05		14.75	.240	56.46		3.07

RADIOLOGY	2,191	3,194		237,557.36		74.38	.048		108.42		3.59
ROOM USE	4,965	7,708		285,252.98		37.01	.116		57.45		4.31
CROSSOVERS/ALL OTH OUTPINT	4,953	16,899		324,050.86		19.18	.255		65.43		4.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	309	8,617	\$	1,289,039.77	\$	149.59	.130	\$	4171.65	ċ.	19.48
LEV A-INTERMEDIATE	1	61	Ą	5,161.82	Ą	84.62	.001	Ą	5161.82	Ą	.08
	6										
LEV B-REHAB MD		211		26,260.55		124.46	.003		4376.76		.40
LEV B-SUBACUTE FREESTANDING	2	50		19,434.65		388.69	.001		9717.33		. 29
LEV B-SUBACUTE HSPTL BASED	2	75		43,309.95		577.47	.001		21654.98		.65
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	298	8,220		1,194,872.80		145.36	.124		4009.64		18.05
@INTERMEDIATE CARE FACILDD	1	29	\$	5,300.91	\$	182.79	.000	\$	5300.91	\$.08
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	29		5,300.91		182.79	.000		5300.91		.08
@HEMODIALYSIS TOTAL	54	79	\$	36,790.14	\$	465.70		\$	681.30	¢	.56
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
	54	79		36,790.14							
HEMODIALYSIS CENTER			d	•	4	465.70	.001	4	681.30	4	.56
@REHABILITATION FACILITY	99	1,348	\$	21,035.47	\$			\$	212.48	\$.32
HOSPITAL BASED	17	38		1,840.77		48.44	.001		108.28		.03
INDEPENDENT FACILITY	82 1,115	1,310		19,194.70		14.65	.020		234.08		.29
@LABORATORY FACILITY	1,115	4,443	\$	66,038.29	\$	14.86	.067	\$	59.23	\$	1.00
PATHOLOGY	1,103	4,428		65,727.42		14.84	.067		59.59		.99
XO AND OTHERS	12	15		310.87		20.72	.000		25.91		.00
@ORGANIZED OUTPATIENT CLINIC	4,657	8,785	\$	956,562.32	\$	108.89	.133	\$	205.40	Ś	14.45
CLINIC	480	1,417	•	28,142.64	•	19.86	.021		58.63	•	.43
SURGICENTER	158	594		31,056.70		52.28	.009		196.56		. 47
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,060	6,774		897,362.98		132.47	.102		221.03		13.56
										ъ.	AGE 2,652
			KES MC	NTH-OF-PAYMENT R	EPOR.	I FOR JAN	2003 THRU	DEC	2003	PI	
MOP024	FEE-FOR-SERVICE	E/DENTAL			EPOR'.	I FOR JAN	2003 THRU	DEC	2003	PI	01/29/04
MOP024	FEE-FOR-SERVICE				EPOR'.	I FOR JAN					01/29/04
MOP024 EL DORADO COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL /ICES FOR PUBLIC	ASSIS	STANCE - TOTAL			M	ONT	HLY AVERA	GE ·	01/29/04
MOP024	FEE-FOR-SERVICE	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVIC	ASSIS E		AVI	ERAGE COST	M UNITS/DAY	ONT	HLY AVERA	.GE ·	01/29/04 COST PER
MOP024 EL DORADO COUNTY	FEE-FOR-SERVICI SUMMARY OF SERV USERS	E/DENTAL /ICES FOR PUBLIC	ASSIS E	STANCE - TOTAL EXPENDITURES	AVI	ERAGE COST R UNIT/DAY	M UNITS/DAY PER ELIG	ONT	THLY AVERA COST PER USER	.GE - (01/29/04 COST PER ELIGIBLE
MOP024 EL DORADO COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL /ICES FOR PUBLIC UNITS OF SERVIC	ASSIS E	STANCE - TOTAL	AVI	ERAGE COST	M UNITS/DAY	ONT	THLY AVERA COST PER USER	.GE - (01/29/04 COST PER
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES	FEE-FOR-SERVICI SUMMARY OF SERV USERS	E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR	ASSIS E E	STANCE - TOTAL EXPENDITURES	AVI PEI	ERAGE COST R UNIT/DAY	M UNITS/DAY PER ELIG	ONT	THLY AVERA COST PER USER	.GE - (01/29/04 COST PER ELIGIBLE
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 5,333 365	E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33	M UNITS/DAY PER ELIG 5.220 .024	ONT	CHLY AVERA COST PER USER 222.75 705.03	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	FEE-FOR-SERVICE SUMMARY OF SERV USERS 5,333 365 0	E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00	M UNITS/DAY PER ELIG 5.220 .024 .000	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 5,333 365 0 20	E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72	M UNITS/DAY PER ELIG 5.220 .024 .000	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08	.GE - (01/29/04
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869	E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46	M UNITS/DAY PER ELIG 5.220 .024 .000 .000	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52	.GE - (01/29/04
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18	M UNITS/DAY PER ELIG 5.220 .024 .000 .000 .330 .134	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14	.GE - (01/29/04
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83	M UNITS/DAY PER ELIG 5.220 .024 .000 .000 .330 .134 .175	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83	.GE - (01/29/04
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94	M UNITS/DAY PER ELIG 5.220 .024 .000 .000 .330 .134 .175 .021	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01	.GE - (01/29/04
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38	M UNITS/DAY PER ELIG 5.220 .024 .000 .000 .330 .134 .175 .021	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56	.GE - (01/29/04
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48	M UNITS/DAY PER ELIG 5.220 .024 .000 .000 .330 .134 .175 .021 .001	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47	.GE - (01/29/04
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47 101.77	.GE - (01/29/04
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06	M UNITS/DAY PER ELIG 5.220 .024 .000 .000 .330 .134 .175 .021 .001	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 156.56 1144.47 101.77 499.84	.GE - (01/29/04
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47 101.77	.GE - (01/29/04
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31 572	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31 4,081 5	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00 285,908.64 103.00	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009 .000	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47 101.77 499.84 51.50	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00 .07 2.13 1.50 .32 .31 .01 .62 .05 4.32
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31 572 2	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31 4,081	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00 285,908.64	AVI PEI	ERAGE COST 8 UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06 20.60	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009 .009 .000	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 156.56 1144.47 101.77 499.84	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00 .07 2.13 1.50 .32 .31 .01 .62 .05 4.32 .00
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31 572 2 968 1	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31 4,081 5 2,079 9	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00 285,908.64 103.00 21,952.32 147.04	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06 20.60 10.56 16.34	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009 .000 .062 .000 .031	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47 101.77 199.84 51.50 22.68 147.04	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00 .07 2.13 1.50 .32 .31 .01 .62 .05 4.32 .00 .33 .00
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31 572 2 968 1 14	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31 4,081 52,079 9 21	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00 285,908.64 103.00 21,952.32 147.04 126.20	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06 20.60 10.56 16.34 6.01	MUNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009 .000 .062 .000 .031 .000 .000	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47 101.77 499.84 51.50 22.68 147.04 9.01	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00 .07 2.13 1.50 .32 .31 .01 .62 .05 4.32 .00 .33 .00 .00
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31 572 2 968 1 14 81	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31 4,081 5 2,079 9 21 208	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00 285,908.64 103.00 21,952.32 147.04 126.20 27,101.63	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06 20.60 10.56 16.34 6.01 130.30	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009 .000 .062 .000 .031 .000 .000 .000	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47 101.77 499.84 51.50 22.68 147.04 9.01 334.59	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00 .07 2.13 1.50 .32 .31 .01 .62 .05 4.32 .00 .33 .00 .00 .41
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31 572 2 968 1 14 81	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31 4,081 5 2,079 9 21 208 208	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00 285,908.64 103.00 21,952.32 147.04 126.20 27,101.63 27,101.63	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06 20.60 10.56 16.34 6.01 130.30 130.30	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009 .000 .062 .000 .031 .000 .003 .003	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47 101.77 499.84 51.50 22.68 147.04 9.01 334.59 334.59	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00 .07 2.13 1.50 .32 .31 .01 .62 .05 4.32 .00 .33 .00 .00 .41 .41
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31 572 2 968 1 14 81 81	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31 4,081 5 2,079 9 21 208 208 0	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00 285,908.64 103.00 21,952.32 147.04 126.20 27,101.63 27,101.63	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06 20.60 10.56 16.34 6.01 130.30 130.30	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009 .000 .062 .000 .031 .000 .003 .003 .003	ONT	CHLY AVERA COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47 101.77 499.84 51.50 22.68 147.04 9.01 334.59 334.59 .00	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00 .07 2.13 1.50 .32 .31 .01 .62 .05 4.32 .00 .33 .00 .00 .41 .41 .00
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31 572 2 968 1 14 81 81 0 6	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31 4,081 5 2,079 9 21 208 208 0 11	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00 285,908.64 103.00 21,952.32 147.04 126.20 27,101.63 27,101.63 .00 490.97	AVI PEI	ERAGE COST 8 UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06 20.60 10.56 16.34 6.01 130.30 130.30 .00 44.63	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009 .000 .062 .000 .031 .000 .000 .003 .003 .003 .003	ONT	CHLY AVERAL COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 51144.47 101.77 499.84 51.50 22.68 147.04 9.01 334.59 334.59 .00 81.83	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00 .07 2.13 1.50 .32 .31 .01 .62 .05 4.32 .00 .33 .00 .00 .41 .41 .00 .01
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31 572 2 968 1 14 81 81 81 0 6 319	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31 4,081 5 2,079 9 21 208 208 0 11 821	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00 285,908.64 103.00 21,952.32 147.04 126.20 27,101.63 27,101.63 27,101.63 .00 490.97 41,443.70	AVI PEI	ERAGE COST 8 UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06 20.60 10.56 16.34 6.01 130.30 130.30 .00 44.63 50.48	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009 .000 .062 .000 .031 .000 .000 .003 .000 .003 .003	ONT	CHLY AVERAL COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47 101.77 499.84 51.50 22.68 147.04 9.01 334.59 334.59 .00 81.83 129.92	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00 .07 2.13 1.50 .32 .31 .01 .62 .05 4.32 .00 .33 .00 .00 .41 .41 .00 .01 .63
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31 572 2 968 1 14 81 81 81 0 6 319 27	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31 4,081 5 2,079 9 21 208 208 0 11 821 655	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00 285,908.64 103.00 21,952.32 147.04 126.20 27,101.63 27,101.63 27,101.63 27,101.63 27,101.63 78,300.51	AVI PEI	ERAGE COST R UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06 20.60 10.56 16.34 6.01 130.30 130.30 130.30 .00 44.63 50.48 119.54	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009 .000 .062 .000 .031 .000 .003 .003 .003 .003 .003	ONT	CHLY AVERAL COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47 101.77 499.84 51.50 22.68 147.04 9.01 334.59 334.59 334.59 334.59 2900.02	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00 .07 2.13 1.50 .32 .31 .01 .62 .05 4.32 .00 .33 .00 .00 .41 .41 .00 .01 .63 1.18
MOP024 EL DORADO COUNTY 66,180 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5,333 365 0 20 869 751 42 91 13 36 31 572 2 968 1 14 81 81 81 0 6 319	E/DENTAL //ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 345,475 1,605 0 23 21,858 8,877 11,592 1,389 40 593 31 4,081 5 2,079 9 21 208 208 0 11 821	ASSIS E E	EXPENDITURES 1,187,913.11 257,335.83 .00 4,501.50 141,230.24 99,236.70 21,244.84 20,748.70 735.28 41,200.83 3,155.00 285,908.64 103.00 21,952.32 147.04 126.20 27,101.63 27,101.63 27,101.63 .00 490.97 41,443.70	AVI PEI	ERAGE COST 8 UNIT/DAY 3.44 160.33 .00 195.72 6.46 11.18 1.83 14.94 18.38 69.48 101.77 70.06 20.60 10.56 16.34 6.01 130.30 130.30 .00 44.63 50.48	M UNITS/DAY PER ELIG 5.220 .024 .000 .330 .134 .175 .021 .001 .009 .000 .062 .000 .031 .000 .000 .003 .000 .003 .003	ONT	CHLY AVERAL COST PER USER 222.75 705.03 .00 225.08 162.52 132.14 505.83 228.01 56.56 1144.47 101.77 499.84 51.50 22.68 147.04 9.01 334.59 334.59 .00 81.83 129.92	.GE - (01/29/04 COST PER ELIGIBLE 17.95 3.89 .00 .07 2.13 1.50 .32 .31 .01 .62 .05 4.32 .00 .33 .00 .00 .41 .41 .00 .01 .63

LOCAL EDUCATION AGENCIES	1,059	18,150	116,301.32	6.41	.274	109.82	1.76
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,260	295,284	166,832.55	.56	4.462	132.41	2.52
@CALIF. CHILDREN SERVICES*	509	14,043	\$ 1,081,335.45	\$ 77.00	.212	\$ 2124.43	\$ 16.34
@XOVER EXCLUDING STATE HOSP**	5,942	38,775	\$ 715,248.88	\$ 18.45	.586	\$ 120.37	\$ 10.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,653 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

EL DORADO COUNTY	SUMMARY OF SER	VICES FOR MIN - IN	U SUC	- AGED AID	CODE 14 IH I		ONTHLY AVE	7 A CIE	
4,584 ELIGIBLES	USERS	UNITS OF SERVIC	To.	EXPENDITURES	AVERAGE COS'				COST PER
4,504 ELIGIBLES	USERS	OR DAYS OF CAR		EXPENDITURES	PER UNIT/DA			(ELIGIBLE
emomai ali provincio	3,410			1 410 526 42				٠ ٠	
@TOTAL, ALL PROVIDERS		31,228	\$	1,418,536.42	\$ 45.43	6.812			309.45
@PHYSICIANS SERVICES	770	2,313	\$	53,788.97	\$ 23.26	.505			11.73
OUTPATIENT VISITS	80	100		4,490.70	44.91	.022	56.13		.98
OFFICE VISITS	61	70		2,688.00	38.40	.015	44.07		.59
HOME VISITS	1	1		80.10	80.10	.000	80.10		.02
EMERGENCY ROOM	20	20		1,526.62	76.33	.004	76.33		.33
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	8	9		195.98	21.78	.002	24.50		.04
INPATIENT VISITS	15	37		1,831.84	49.51	.008	122.12	2	.40
HOSPITAL VISITS	14	36		1,784.94	49.58	.008	127.50)	.39
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	1	1		46.90	46.90	.000	46.90)	.01
OPHTHALMOLOGICAL SERVICES	10	10		442.99	44.30	.002	44.30		.10
EXAMINATIONS	8	8		392.99	49.12	.002	49.12		.09
SERVICES AND MATERIALS	2	2		50.00	25.00	.000	25.00		.01
INPATIENT HOSPITAL SURGERY	13	89		10,340.77	116.19	.019	795.44		2.26
PRINCIPAL SURGEON	10	18		8,068.31	448.24	.004	806.83		1.76
ASSISTANT SURGEON	1	2		774.38	387.19	.000	774.38		.17
	4	69		1,498.08	21.71	.015	374.52		.33
ANESTHESIOLOGIST									
OUTPATIENT SURGERY	12	36		3,040.78	84.47	.008	253.40		.66
PRINCIPAL SURGEON	10	18		2,717.15	150.95	.004	271.72		.59
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	18		323.63	17.98	.004	161.82		.07
DIALYSIS	1	16		432.54	27.03	.003	432.54		.09
PATHOLOGY	10	39		1,058.96	27.15	.009	105.90		.23
RADIOLOGY	45	84		5,195.84	61.86	.018	115.46		1.13
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	3	6		165.14	27.52	.001	55.05		.04
OTHER SERVICES/ALL X-OVERS	670	1,896		26,789.41	14.13	.414	39.98		5.84
@PHARMACY	2,849	19,507	\$	767,849.68	\$ 39.36	4.255	\$ 269.52	2 \$	167.51
PRESCRIPTION DRUGS	2,814	10,541		754,414.09	71.57	2.300	268.09)	164.58
SNF/ICF	87	498		26,395.00	53.00	.109	303.39)	5.76
OUTPATIENTS	2,739	10,043		728,019.09	72.49	2.191	265.80		158.82
MEDICAL SUPPLIES	190	8,966		13,435.59	1.50	1.956	70.71		2.93
@DENTIST	218	882	\$	46,917.50	\$ 53.19	.192			
VISITS - DIAGNOSTIC	116	475	Ψ	5,508.50	11.60	.104	47.49		1.20
ORAL SURGERY	28	82		4,212.00	51.37	.018	150.43		.92
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	18	19		1,703.00	89.63	.004	94.61		.37
	12	19				.004			1.07
ENDODONTICS	12 57			4,910.00	258.42		409.17		
RESTORATIVE DENTISTRY		141		11,958.00	84.81	.031	209.79		2.61
PROSTHETICS	3	3		110.00	36.67	.001	36.67	1	.02

DENTURES, STAYPLATES	50	139	18,516.00	133.21	.030	370.32	4.04
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	4	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	D EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,654
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES I	FOR MN - NO SOC	- AGED AID CODE	14 1H 1U	1X		
					MON'	THLY AVERAG	E

EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC -	- AGED AID	COD	E 14 1H 1U	1x			
22 201020 000111	Dollmant of Bell.	1010 1011 1111 110	200	11025	002		MC	NTHLY AVERA	GE	
4 584 ELTGIBLES	IISERS	INITS OF SERVICE		EXPENDITIERS	Δ17	ERAGE COST	IINTTS /DAVS	COST PER		COST DER
4,504 EDIGIDDES	OBERB	OR DAVE OF CARE		EXPENDITORES	ישר ביי	DIMITTO LOSI	DED ELIC	IICED		ELICIDIE
eodmowemb i dm	0.7	OR DAIS OF CARE	.	4 662 20	PE.	10 00	PER ELIG	40 00	4	1 00
@OPIOMEIRISI	97	459 15	Ş	4,663.28	Ş	18.00	.057	\$ 48.08	Þ	1.02
DIAGNOSTIC AND ANC. PROCED	15	15		682.30		45.49	.003	45.49		.15
EYE APPLIANCES	71	205		3,339.95		16.29	.045	47.04		.73
OTHER OPTOMETRIC SERVICES	24	39		641.03		16.44	.009	26.71		.14
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	34	37	\$	372.95	\$	10.08	.008	\$ 10.97	\$.08
MEDICINE/INJECTIONS	0	0	·	.00	•	.00	.000	.00	•	. 00
SURGERY/ANES	0	0		0.0		0.0	000	0.0		0.0
RADIO /PATHOLOGY	0	Ů.		0.0		00	000	00		0.0
OTUED	3.4	37		372 05		10 08	000	10 07		0.8
OTHER DESIGNATION	24	5 /	ė.	372.23	ė.	10.00	.000	10.57	4	.00
WHOME REALIR AGENCI	0	0	Ş d	.00	Ş	2.00	.000	÷ .00	Ģ	.00
NURSE ANESTHESIST	4	22	\$	83.66	Ş	3.80	.005	\$ 20.92	Ş	.02
NURSE MIDWIFE	U	Ü	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	647	2,867	\$	207,962.31	\$	72.54	.625	\$ 321.43	\$	45.37
HOSP INPATIENT TOTAL	80	231		151,367.74		655.27	.050	1892.10		33.02
HSC HOSPITALS	5	14		16,971.00		1212.21	.003	3394.20		3.70
NON-HSC HOSPITAL TOTAL	10	35		84,590.39		2416.87	.008	8459.04		18.45
ACCOMMODATIONS	10	35		22.076.02		630.74	.008	2207.60		4.82
ADMINISTRATIVE DAYS	0	0		, 00		.00	.000	. 00		.00
TRANSITIONAL IP CARE	0	0		0.0		0.0	000	00		0.0
ALL OTHER ACCOM	10	35		22 076 02		630 74	008	2207 60		4 82
ANCTITABLEC	10	22		62 514 27		030.74	000	6251 44		12 64
TNDATTENT ODOCCOVEDO	10 6 E	100		40 906 35		272 66	040	766 25		10.07
INPALLENT CROSSOVERS	65	102		49,606.33		2/3.00	.040	700.25		10.67
ALL OTHER INPATTENT	500	2 626		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	590	2,636		56,594.57		21.4/	.5/5	95.92		12.35
MEDICAL	31	62		1,746.63		28.17	.014	56.34		. 38
SURGERY	4	4		333.75		83.44	.001	83.44		.07
PATHOLOGY	60	438		5,039.78		11.51	.096	84.00		1.10
RADIOLOGY	44	74		5,296.36		71.57	.016	120.37		1.16
ROOM USE	39	57		2,381.56		41.78	.012	61.07		.52
CROSSOVERS/ALL OTH OUTPTNT	510	2,001		41,796.49		20.89	.437	81.95		9.12
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		. 00
ACCOMMODATIONS	0	0		. 0.0		. 0.0	. 000	.00		. 0.0
ADMINISTRATIVE DAVS	0	0		0.0		0.0	000	00		0.0
TRANSITIONAL TO CARE	0	0		00		00	000	00		00
ALL OTHER ACCOM	0	0		.00		.00	000	.00		00
ANCTITABLEC	0	0		.00		.00	.000	.00		.00
ANCILLARILLO	U	U		.00		.00	.000	.00		.00
INPAILENI CRUSSUVERS	U	U		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	U	Ü		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	Ō	Ō		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
### A SA ### ELIGIBLES ### COPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES ###################################										

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PAYMENT H	REPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,655
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVIC	ES FOR MN - NO S	SOC - AGED AII	CODE 14 1H 1U	1X		
					MON'	THLY AVERAG	SE
4,584 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	647	2,867	\$ 207,962.31	\$ 72.54	.625 \$	321.43	\$ 45.37
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	647 80	2,867 231	\$ 207,962.31 151,367.74	\$ 72.54 655.27	.625 \$.050	321.43 1892.10	\$ 45.37 33.02
		,					
COMM HOSP INPATIENT TOTAL		231	151,367.74	655.27	.050	1892.10	33.02

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	35		22,076.02		630.74	.008		2207.60		4.82
ANCILLARIES	10	0		62,514.37		.00	.000		6251.44		13.64
INPATIENT CROSSOVERS	65	182		49,806.35		273.66	.040		766.25		10.87
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	590	2,636		56,594.57		21.47	.575		95.92		12.35
	31			•		28.17	.014		56.34		.38
MEDICAL	4	62		1,746.63							
SURGERY	_	4		333.75		83.44	.001		83.44		.07
PATHOLOGY	60	438		5,039.78		11.51	.096		84.00		1.10
RADIOLOGY	44	74		5,296.36		71.57	.016		120.37		1.16
ROOM USE	39	57		2,381.56		41.78	.012		61.07		.52
CROSSOVERS/ALL OTH OUTPTNT	510	2,001		41,796.49		20.89	.437		81.95		9.12
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	73	1,822	\$	227,811.83	\$	125.03	.397	\$	3120.71	\$	49.70
LEV A-INTERMEDIATE	2	66	•	4,484.04	•	67.94	.014	•	2242.02	•	.98
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	Ö		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Õ	0		.00		.00	.000		.00		.00
LEV B-SOBACOTE HISTII BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	71	•									
		1,756	d	223,327.79	4	127.18	.383	4	3145.46	4	48.72
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	20	28	\$	22,968.98	\$	820.32	.006	\$	1148.45	\$	5.01
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	20	28		22,968.98		820.32	.006		1148.45		5.01
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	18	90	Ś	907.68	\$	10.09	.020	\$	50.43	\$.20
PATHOLOGY	17	87	Ψ	907.05	τ	10.43	.019	Ψ.	53.36	Υ	.20
XO AND OTHERS	1	3		.63		.21	.001		.63		.00
@ORGANIZED OUTPATIENT CLINIC	114	232	\$	17,855.80	\$	76.96	.051	Ġ	156.63	Ś	3.90
CLINIC CLINIC	1	2 2	Ą	32.49	Ą	16.25	.000	Ą	32.49	Ą	.01
	26	47									
SURGICENTER				5,654.23		120.30	.010		217.47		1.23
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	87	183		12,169.08		66.50	.040		139.87	_	2.65
			RES MO	ONTH-OF-PAYMENT RI	EPOK.I	FOR JAN	2003 THRU	DEC	2003	Ρ.	AGE 2,656
MOP024	FEE-FOR-SERVICE										01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	- AGED AID	CODE	: 14 1H 1U					
							M				
4,584 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE	C		PER		PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	437	3,169	\$	67,353.78	\$	21.25	.691	\$	154.13	\$	14.69
DURABLE MED. EQUIP.	9	22		8,316.69		378.03	.005		924.08		1.81
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	4	4		840.55		210.14	.001		210.14		.18
MEDICAL TRANSPORTATION	43	458		7,274.61		15.88	.100		169.18		1.59
AMBULANCES/AIR TRANS	17	139		2,313.12		16.64	.030		136.07		.50
OTHER TRANS	14	152		536.53		3.53	.033		38.32		.12
OTHER TRANS	14	167		4,424.96		26.50	.036		316.07		.97
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0	0		.00			.000		.00		
	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING											.00
IHMC, MODEL-NF, NF, AIDS, MSSP	51	337		23,392.84		69.41	.074		458.68		5.10
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	91	196	2,230.06	11.38	.043	24.51	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5	3.99	.80	.001	1.33	.00
PROSTHETIST/ORTHOTISTS	4	6	277.28	46.21	.001	69.32	.06
PROSTHETICS	4	6	277.28	46.21	.001	69.32	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	37.16	18.58	.000	18.58	.01
SPEECH AND AUDIOLOGY	3	7	937.19	133.88	.002	312.40	.20
HOSPICE SERVICES	4	85	9,300.54	109.42	.019	2325.14	2.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	240	2,047	14,742.87	7.20	.447	61.43	3.22
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,197	6,332	\$ 152,715.70	\$ 24.12	1.381	\$ 127.58	\$ 33.31

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,657 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

EL DORADO COUNTI	SUMMARI OF SER	VICES FOR MIN - NO ,	30C -	מאדחם	AID CODE				
						MON	NTHLY AVERA	.GE	
45 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		JIGIBLE
@TOTAL, ALL PROVIDERS	22	341	\$	24,131.67	\$ 70.77	7.578			536.26
@PHYSICIANS SERVICES	12	78	\$	2,426.49	\$ 31.11	1.733	202.21	\$	53.92
OUTPATIENT VISITS	2	4		99.89	24.97	.089	49.95		2.22
OFFICE VISITS	1	2		61.50	30.75	.044	61.50		1.37
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	2		38.39	19.20	.044	19.20		.85
INPATIENT VISITS	4	46		1,470.98	31.98	1.022	367.75		32.69
HOSPITAL VISITS	4	46		1,470.98	31.98	1.022	367.75		32.69
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2	3		633.06	211.02	.067	316.53		14.07
PRINCIPAL SURGEON	2	3		633.06	211.02	.067	316.53		14.07
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	1	1		55.85	55.85	.022	55.85		1.24
PRINCIPAL SURGEON	1	1		55.85	55.85	.022	55.85		1.24
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	1	2		40.31	20.16	.044	40.31		.90
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	7	22		126.40	5.75	.489	18.06		2.81
@PHARMACY	20	141	\$	9,411.48	\$ 66.75	3.133	470.57	\$	209.14
PRESCRIPTION DRUGS	18	86	-	7,757.17	90.20	1.911	430.95	•	172.38
SNF/ICF	2	8		317.45	39.68	.178	158.73		7.05
OUTPATIENTS	16	78		7,439.72	95.38	1.733	464.98		165.33

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	6	55	1,654.31		30.08	1.222	275.72	36.76
@DENTIST	3	6	\$ 425.00	\$	70.83	.133	\$ 141.67	\$ 9.44
VISITS - DIAGNOSTIC	2	2	45.00		22.50	.044	22.50	1.00
ORAL SURGERY	0	0	.00		.00	.000	.00	.00
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00
PERIODONTICS	0	0	.00		.00	.000	.00	.00
ENDODONTICS	0	0	.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	4	380.00		95.00	.089	380.00	8.44
SPACE MAINTAINERS	0	0	.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONTH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE 2,658
MOP024	FEE-FOR-SERVICE/DENT	AL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC - BLIND		AID CODE	24		
						M	ONTHLY AVERA	GE

45 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY .00 .000 \$.00 @OPTOMETRIST 0 0 \$.00 Ś .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .000 .00 0 .00 \$.00 \$ \$.00 0 .00 .00 .000 .00 VISITS .00 OTHER SERVICES .00 .00 .000 .00 .00 0 \$ @PODIATRIST .00 .00 .000 .00 .00 \$ MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 4,192.16 74.86 1.244 1048.04 \$ 93.16 56 \$ NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 .00 .00 NURSE MIDWIFE .00 .000 \$.00 \$ PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 0 FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 28 547.62 19.56 .622 109.52 @TOTAL HOSPITAL 12.17 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 0 .00 .00 .00 .00 INPATIENT CROSSOVERS .000 0 .00 ALL OTHER INPATIENT .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 28 547.62 19.56 .622 109.52 12.17 MEDICAL .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 47.36 9.47 PATHOLOGY 5 .111 23.68 1.05 RADIOLOGY 0 .00 .00 .000 .00 .00 2 56.00 28.00 28.00 ROOM USE .044 1.24 21.16 CROSSOVERS/ALL OTH OUTPTNT 21 444.26 148.09 9.87 .467 0 .00 .00 @COUNTY HOSPITAL TOTAL .000 .00 \$.00 .00 0 .00 .00 .000 .00 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,659
MOP024	FEE-FOR-SERVICE/DE	ENTAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICE	ES FOR MN - NO SOC	- BLIND	AID CODE	24		
					MONTH	HLY AVERAG	GE
45 ELIGIBLES	USERS UM	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C	COST PER	COST PER
	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	28 \$	547.62	\$ 19.56	.622 \$	109.52	\$ 12.17
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0						
	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00				.00
NON-HSC HOSPITALS TOTAL	0 0 0	0 0 0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0 0 0	0 0 0 0	.00 .00 .00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0 0 0 0	0 0 0 0	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000	.00	.00 .00 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0 0 0 0 0	· ·	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0 0 0	28	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0 0 0 0 0 5	· ·	.00 .00 .00 .00 .00 .00 .00 .00 .00 547.62	.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0 0 0 0 0 0 5 0	28	.00 .00 .00 .00 .00 .00 .00 .00 547.62 .00	.00 .00 .00 .00 .00 .00 .00 .00 19.56 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .12.17 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0 0 5 0	28 0 0 5	.00 .00 .00 .00 .00 .00 .00 .00 547.62 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 19.56 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .12.17 .00 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0 0 0 0 5 0 0	28 0 0 5	.00 .00 .00 .00 .00 .00 .00 .00 547.62 .00 .00 47.36	.00 .00 .00 .00 .00 .00 .00 .00 19.56 .00 .00 9.47	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 109.52 .00 .00 23.68	.00 .00 .00 .00 .00 .00 .00 .00 .12.17 .00 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0 0 0 0 5 0 0 2 0	28 0 0 5 0 2	.00 .00 .00 .00 .00 .00 .00 .00 547.62 .00 47.36 .00	.00 .00 .00 .00 .00 .00 .00 .00 19.56 .00 .00 9.47 .00 28.00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 109.52 .00 .00 23.68 .00 28.00	.00 .00 .00 .00 .00 .00 .00 .00 .12.17 .00 .00 1.05 .00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0 0 0 0 5 0 0 2 0 2	28 0 0 5	.00 .00 .00 .00 .00 .00 .00 .00 547.62 .00 .00 47.36	.00 .00 .00 .00 .00 .00 .00 .00 19.56 .00 .00 9.47	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 109.52 .00 .00 23.68	.00 .00 .00 .00 .00 .00 .00 .00 .12.17 .00 .00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	28	547.62	19.56	.622	109.52	12.17
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	47.36	9.47	.111	23.68	1.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	56.00	28.00	.044	28.00	1.24
CROSSOVERS/ALL OTH OUTPINT	3	21	444.26	21.16	.467	148.09	9.87
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	30	\$ 7,091.40	\$ 236.38	.667	\$ 7091.40	\$ 157.59
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	30	7,091.40	236.38	.667	7091.40	157.59
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2 \$	37.52	\$ 18.76	.044 \$	18.76	\$.83
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	37.52	18.76	.044	18.76	.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPO	ORT FOR JAN 2	003 THRU DEC	2003	PAGE 2,660
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES F	OR MN - NO SOC -	BLIND	AID CODE	24		
					MONT	HLY AVERAC	3E
45 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES A	AVERAGE COST	_	HLY AVERAC	GE COST PER
45 ELIGIBLES		OF SERVICE AYS OF CARE			_		
45 ELIGIBLES @ALL OTHER PROVIDERS				AVERAGE COST	UNITS/DAYS	COST PER	COST PER
			I	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
45 ELIGIBLES				AVERAGE COST	UNITS/DAYS	COST PER	COST PER

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	7	41 \$	523.22	\$ 12.76	.911	\$ 74.75	\$ 11.63
at manage the municipal states and attent	3 C 3 CED3D3 EE	TATEODAYA ET ONT TEENY ONT II.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,661 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

SUMMARI OF SER	VICES FOR MIN - NO	, 20C -	DISABLED 04	OG OH OU OV OA	0.6		
					MC	NTHLY AVERA	.GE
USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
3,023	73,217	\$	2,191,028.95	\$ 29.93	17.223	\$ 724.79	\$ 515.41
740	2,869	\$	75,674.15	\$ 26.38	.675	\$ 102.26	\$ 17.80
229	348		15,155.08	43.55	.082	66.18	3.57
146	206		6,626.29	32.17	.048	45.39	1.56
0	0		.00	.00	.000	.00	.00
83	114		7,998.59	70.16	.027	96.37	1.88
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
	28		530.20	18.94	.007	18.94	.12
56	312		12,589.96	40.35	.073	224.82	2.96
52	299		11,715.56		.070	225.30	2.76
3	6		604.20		.001	201.40	.14
7	7		270.20	38.60	.002	38.60	.06
4	4		170.46	42.62	.001	42.62	.04
3	3		150.46	50.15	.001	50.15	.04
1	1		20.00	20.00	.000	20.00	.00
23			5,872.56		.024	255.33	1.38
16	19		3,655.02	192.37	.004	228.44	.86
2	2		209.20	104.60	.000	104.60	.05
5	83		2,008.34	24.20	.020	401.67	.47
	104		6,234.63	59.95	.024	201.12	1.47
25	36		4,751.11	131.98	.008	190.04	1.12
1	1		198.81	198.81	.000	198.81	.05
6	67		1,284.71	19.17	.016	214.12	.30
	USERS 3,023 740 229 146 0 83 0 0 28 56 52 3 7 4 3 1	USERS UNITS OF SERVICE OR DAYS OF CARE 3,023 73,217 740 2,869 229 348 146 206 0 0 83 114 0 0 0 0 28 28 56 312 52 299 3 6 7 7 7 4 4 4 3 3 3 1 1 23 104 16 19 2 2 5 83 31 104	USERS UNITS OF SERVICE OR DAYS OF CARE 3,023 73,217 \$ 740 2,869 \$ 229 348 146 206 0 0 83 114 0 0 0 0 28 28 56 312 52 299 3 6 7 7 4 4 4 3 3 3 1 1 23 104 16 19 2 2 5 83 31 104 25 36 1 1	USERS UNITS OF SERVICE OR DAYS OF CARE 3,023 73,217 \$ 2,191,028.95 740 2,869 \$ 75,674.15 229 348 15,155.08 146 206 6,626.29 0 0 0 .00 83 114 7,998.59 0 0 0 .00 0 0 .00 28 28 28 530.20 56 312 12,589.96 52 299 11,715.56 3 6 604.20 7 7 7 270.20 4 4 4 4 170.46 3 3 3 150.46 1 1 1 20.00 23 104 5,872.56 16 19 3,655.02 2 2 2 209.20 5 83 2,008.34 31 104 6,234.63 25 36 4,751.11 1 198.81	USERS UNITS OF SERVICE OR DAYS OF CARE 3,023 73,217 \$ 2,191,028.95 \$ 29.93 740 2,869 \$ 75,674.15 \$ 26.38 229 348 15,155.08 43.55 146 206 6,626.29 32.17 0 0 0 .00 .00 83 114 7,998.59 70.16 0 0 .00 .00 0 0 .00 28 28 28 530.20 18.94 56 312 12,589.96 40.35 52 299 11,715.56 39.18 3 6 604.20 100.70 7 7 7 270.20 38.60 4 4 4 170.46 42.62 3 3 3 104 5,872.56 56.47 16 19 3,655.02 192.37 2 2 2 209.20 104.60 5 83 2,008.34 24.20 31 104 6,234.63 59.95 25 36 4,751.11 131.98 1 1 1 18.81	USERS UNITS OF SERVICE OR DAYS OF CARE 3,023 73,217 \$ 2,191,028.95 \$ 29.93 17.223 740 2,869 \$ 75,674.15 \$ 26.38 .675 229 348 15,155.08 43.55 .082 146 206 6,626.29 32.17 .048 0 0 0 .00 .00 .00 .00 83 114 7,998.59 70.16 .027 0 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE OF DAYS OF CARE OF DAYS OF CARE OR DAYS

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	35	68		1,921.26		28.25	.016		54.89		.45
RADIOLOGY	112	266		8,971.62		33.73	.063		80.10		2.11
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	9	75		2,933.83		39.12	.018		325.98		.69
OTHER SERVICES/ALL X-OVERS	514	1,588		21,824.75		13.74	.374		42.46		5.13
@PHARMACY	2,408	19,109	\$	1,223,092.15	\$	64.01	4.495	\$	507.93	\$	287.72
PRESCRIPTION DRUGS	2,381	9,962		1,205,489.56		121.01	2.343		506.30		283.58
SNF/ICF	23	109		4,228.24		38.79	.026		183.84		.99
OUTPATIENTS	2,364	9,853		1,201,261.32		121.92	2.318		508.15		282.58
MEDICAL SUPPLIES	171	9,147		17,602.59		1.92	2.152		102.94		4.14
@DENTIST	310	1,308	\$	78,921.25	\$	60.34	.308	\$	254.58	\$	18.57
VISITS - DIAGNOSTIC	185	589		8,399.50		14.26	.139		45.40		1.98
ORAL SURGERY	45	126		6,020.75		47.78	.030		133.79		1.42
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	30	32		3,401.00		106.28	.008		113.37		.80
ENDODONTICS	32	47		11,740.00		249.79	.011		366.88		2.76
RESTORATIVE DENTISTRY	123	364		38,029.00		104.48	.086		309.18		8.95
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	40	146		11,331.00		77.61	.034		283.28		2.67
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	4		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES I	MONTH-OF-PAYMENT RE	EPOR1	FOR JAN	2003 THRU	DEC	2003	PP	AGE 2,662
MOP024	FEE-FOR-SERVICE/DENTA						_				01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES F	FOR MN - N	o so	C - DISABLED 64 6	6G 61	1 6U 6V 6	X 8G				

EL DORADO COUNTY	SUMMARY OF SER	VICES FOR MIN - NO	SUC	- DISABLED 64	6G 6	NO NO DO HO					
								-	HLY AVERA	GE.	
4,251 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		3	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	81	252	\$	4,869.19	\$.059	\$	60.11	\$	
DIAGNOSTIC AND ANC. PROCED	29	29		1,376.05		47.45	.007		47.45		.32
EYE APPLIANCES	75	212		3,321.67		15.67	.050		44.29		.78
OTHER OPTOMETRIC SERVICES	7	11		171.47		15.59	.003		24.50		.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	15	18	\$	121.42	\$	6.75	.004	\$	8.09	\$.03
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	15	18		121.42		6.75	.004		8.09		.03
@HOME HEALTH AGENCY	51	6,302	\$	181,738.20	\$	28.84	1.482	\$	3563.49	\$	42.75
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	40.00	\$	40.00	.000	\$	40.00	\$.01
@TOTAL HOSPITAL	608	4,324	\$	444,438.87	\$	102.78		\$	730.98	\$	104.55
HOSP INPATIENT TOTAL	67	379		377,160.47		995.15	.089		5629.26		88.72
HSC HOSPITALS	20	130		147,972.00		1138.25	.031		7398.60		34.81
NON-HSC HOSPITAL TOTAL	17	93		202,866.55		2181.36	.022		11933.33		47.72
ACCOMMODATIONS	17	93		57,794.15		621.44	.022		3399.66		13.60
ADMINISTRATIVE DAYS	2	24		5,088.60		212.03	.006		2544.30		1.20
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	15	69		52,705.55		763.85	.016		3513.70		12.40
ANCILLARIES	17	0		145,072.40		.00	.000		8533.67		34.13
INPATIENT CROSSOVERS	33	156		26,321.92		168.73	.037		797.63		6.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	572	3,945		67,278.40	17.05	.928	117.62	1	L5.83
MEDICAL	46	89		3,296.50	37.04	.021	71.66		.78
SURGERY	20	24		904.88	37.70	.006	45.24		.21
PATHOLOGY	153	1,130		13,116.97	11.61	.266	85.73		3.09
RADIOLOGY	77	109		8,531.83	78.27	.026	110.80		2.01
ROOM USE	118	199		7,167.43	36.02	.047	60.74		1.69
CROSSOVERS/ALL OTH OUTPTNT	399	2,394		34,260.79	14.31	.563	85.87		8.06
@COUNTY HOSPITAL TOTAL	2	23	\$	25,760.00	\$ 1120.00	.005	\$ 12880.00	\$	6.06
CO HOSPITAL INPATIENT TOTAL	2	23		25,760.00	1120.00	.005	12880.00		6.06
HSC HOSPITALS	2	23		25,760.00	1120.00	.005	12880.00		6.06
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENT		RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 01	2,663 L/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC	- DISABLED 64 6	5G 6H 6U 6V 62	X 8G			
						M	ONTHLY AVERA	GE	

							MILLI AVERA		
4,251 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	(COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	606	4,301	\$	418,678.87	\$ 97.34	1.012	\$ 690.89	\$	98.49
COMM HOSP INPATIENT TOTAL	65	356		351,400.47	987.08	.084	5406.16		82.66
HSC HOSPITALS	18	107		122,212.00	1142.17	.025	6789.56		28.75
NON-HSC HOSPITALS TOTAL	17	93		202,866.55	2181.36	.022	11933.33		47.72
ACCOMMODATIONS	17	93		57,794.15	621.44	.022	3399.66		13.60
ADMINISTRATIVE DAYS	2	24		5,088.60	212.03	.006	2544.30		1.20
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	15	69		52,705.55	763.85	.016	3513.70		12.40
ANCILLARIES	17	0		145,072.40	.00	.000	8533.67		34.13
INPATIENT CROSSOVERS	33	156		26,321.92	168.73	.037	797.63		6.19
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	572	3,945		67,278.40	17.05	.928	117.62		15.83
MEDICAL	46	89		3,296.50	37.04	.021	71.66		.78
SURGERY	20	24		904.88	37.70	.006	45.24		.21
PATHOLOGY	153	1,130		13,116.97	11.61	.266	85.73		3.09
RADIOLOGY	77	109		8,531.83	78.27	.026	110.80		2.01
ROOM USE	118	199		7,167.43	36.02	.047	60.74		1.69
CROSSOVERS/ALL OTH OUTPINT	399	2,394		34,260.79	14.31	.563	85.87		8.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	17	328	\$	49,141.83	\$ 149.82	.077	\$ 2890.70	\$	11.56
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	17	328		49,141.83	149.82	.077	2890.70		11.56
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00)	.00	.000		.00		.00
ICF DD	0	0	.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	16 \$	4,915.23	\$	307.20	.004	\$	546.14	\$	1.16
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	9	16	4,915.23	3	307.20	.004		546.14		1.16
@REHABILITATION FACILITY	20	294 \$	5,210.97	\$	17.72	.069	\$	260.55	\$	1.23
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	20	294	5,210.97	,	17.72	.069		260.55		1.23
@LABORATORY FACILITY	37	258 \$	3,679.90		14.26	.061	\$	99.46	\$.87
PATHOLOGY	35	251	3,627.35	· •	14.45	.059		103.64		.85
XO AND OTHERS	2	7	52.55	·	7.51	.002		26.28		.01
@ORGANIZED OUTPATIENT CLINIC	192	331 \$	29,149.90) \$	88.07	.078	\$	151.82	\$	6.86
CLINIC	7	9	285.84	Į.	31.76	.002		40.83		.07
SURGICENTER	6	21	1,045.64	Į.	49.79	.005		174.27		.25
HEROIN DETOX CLINIC	0	0	.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	180	301	27,818.42	2	92.42	.071		154.55		6.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU I	DEC 2	2003	PAG	E 2,664
MOP024	FEE-FOR-SERVICE/DENTA	L								01/29/04

EL DORADO COUNTY

SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

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						_	NTHLY AVERA	
4,251 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	412	37,807	\$	90,035.89	\$ 2.38	8.894		•
DURABLE MED. EQUIP.	25	61		15,423.04	252.84	.014	616.92	3.63
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		44.69	22.35	.000	22.35	.01
MEDICAL TRANSPORTATION	44	625		5,247.78	8.40	.147	119.27	1.23
AMBULANCES/AIR TRANS	36	490		4,860.19	9.92	.115	135.01	1.14
OTHER TRANS	1	4		32.11	8.03	.001	32.11	.01
OTHER SERVICES	7	131		355.48	2.71	.031	50.78	.08
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	22	112		12,396.65	110.68	.026	563.48	2.92
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	79	173		2,165.61	12.52	.041	27.41	.51
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7		181.63	25.95	.002	45.41	.04
PROSTHETIST/ORTHOTISTS	8	20		1,392.32	69.62	.005	174.04	.33
PROSTHETICS	8	20		1,392.32	69.62	.005	174.04	.33
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		46.44	46.44	.000	46.44	.01
SPEECH AND AUDIOLOGY	9	19		5,274.62	277.61	.004	586.07	1.24
HOSPICE SERVICES	4	36		3,914.01	108.72	.008	978.50	.92
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	109	6,470		30,537.61	4.72	1.522	280.16	7.18
EPSDT SUPPLEMENTAL SERVICE	1	4		117.64	29.41	.001	117.64	.03
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	127	30,277		13,293.85	.44	7.122	104.68	3.13
@CALIF. CHILDREN SERVICES*	54	2,900	\$	38,294.21	\$ 13.20	.682	\$ 709.15	\$ 9.01
@XOVER EXCLUDING STATE HOSP**	727	4,106	\$	91,975.39	\$ 22.40	.966	\$ 126.51	\$ 21.64
O# MOMATO TAL MURGE TTARG ADD	CTTTTA A C TOTA	DAME TATEODAGAMETON TO		ATT TZ .				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

EL DORADO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,665 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

67,112 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27,863	136,587	\$ 8,101,330.00	\$ 59.31	2.035	\$ 290.76	\$ 120.71
@PHYSICIANS SERVICES	11,166	24,630	\$ 1,278,732.74	\$ 51.92	.367	\$ 114.52	\$ 19.05
OUTPATIENT VISITS	8,344	10,922	461,879.66	42.29	.163	55.35	6.88
OFFICE VISITS	4,667	5,722	196,762.75	34.39	.085	42.16	2.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3,268	3,758	194,332.66	51.71	.056	59.47	2.90
PREVENTIVE CARE	69	69	2,821.93	40.90	.001	40.90	.04
OB VISITS/COMPRE PERI	464	682	53,368.49	78.25	.010	115.02	.80
OTHER OUTPATIENT	561	691	14,593.83	21.12	.010	26.01	.22
INPATIENT VISITS	557	1,561	91,876.35	58.86	.023	164.95	1.37
HOSPITAL VISITS	536	1,259	56,476.93	44.86	.019	105.37	.84
CRITICAL CARE	38	302	35,399.42	117.22	.004	931.56	.53
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	72	91	3,964.16	43.56	.001	55.06	.06

EXAMINATIONS	63	77		3,573.16	46.40	.001	56.72		.05
SERVICES AND MATERIALS	14	14		391.00	27.93	.000	27.93		.01
INPATIENT HOSPITAL SURGERY	588	2,236		341,146.62	152.57	.033	580.18		5.08
PRINCIPAL SURGEON	428	557		294,732.20	529.14	.008	688.63		4.39
ASSISTANT SURGEON	63	64		11,603.38	181.30	.001	184.18		.17
ANESTHESIOLOGIST	169	1,615		34,811.04	21.55	.024	205.98		.52
OUTPATIENT SURGERY	940	2,314		149,373.19	64.55	.034	158.91		2.23
PRINCIPAL SURGEON	802	1,056		120,819.06	114.41	.016	150.65		1.80
ASSISTANT SURGEON	4	4		394.80	98.70	.000	98.70		.01
ANESTHESIOLOGIST	206	1,254		28,159.33	22.46	.019	136.70		.42
DIALYSIS	3	5		499.94	99.99	.000	166.65		.01
PATHOLOGY	1,381	1,900		36,888.52	19.42	.028	26.71		.55
RADIOLOGY	1,941	2,823		117,575.38	41.65	.042	60.57		1.75
PSYCHIATRY	1	6		87.54	14.59	.000	87.54		.00
IMMUNIZATION AND INJECTION	244	485		16,906.25	34.86	.007	69.29		.25
OTHER SERVICES/ALL X-OVERS	983	2,287		58,535.13	25.59	.034	59.55		.87
@PHARMACY	13,194	35,925	\$	1,519,699.05	\$ 42.30	.535 \$	115.18	\$	22.64
PRESCRIPTION DRUGS	13,103	28,153		1,490,569.59	52.95	.419	113.76		22.21
SNF/ICF	10	29		1,340.18	46.21	.000	134.02		.02
OUTPATIENTS	13,094	28,124		1,489,229.41	52.95	.419	113.73		22.19
MEDICAL SUPPLIES	284	7,772		29,129.46	3.75	.116	102.57		.43
@DENTIST	3,732	17,039	\$	696,740.97	\$ 40.89	.254 \$	186.69	\$	10.38
VISITS - DIAGNOSTIC	2,494	9,814		155,350.52	15.83	.146	62.29		2.31
ORAL SURGERY	542	1,013		59,650.00	58.88	.015	110.06		.89
DRUGS	39	48		1,090.00	22.71	.001	27.95		.02
ANESTHESIA	12	12		1,025.00	85.42	.000	85.42		.02
PERIODONTICS	192	198		20,888.00	105.49	.003	108.79		.31
ENDODONTICS	368	620		113,533.00	183.12	.009	308.51		1.69
RESTORATIVE DENTISTRY	1,507	4,801		310,774.40	64.73	.072	206.22		4.63
PROSTHETICS	11	12		270.00	22.50	.000	24.55		.00
DENTURES, STAYPLATES	56	266		19,606.67	73.71	.004	350.12		.29
SPACE MAINTAINERS	32	36		3,520.00	97.78	.001	110.00		.05
MAXILLOFACIAL SERVICES	8	8		1,550.00	193.75	.000	193.75		.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	67	94		8,658.38	92.11	.001	129.23		.13
ALL OTHER SERVICES	91	117		825.00	7.05	.002	9.07		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAC	GE 2,666
MOP024	FEE-FOR-SERVICE/DENTA	L							01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES F	OR MN-NOS	OC-FAM	1 34 39 3N 3T 3V 5	4 59 5J 5W-5Y	6J 7J 7K			

EL DONADO COUNTI	SOUTH OF SER	ATCED LOW MM-MOD	OC-I.A	, אכ דכ אוכ פכ דכ ויו	J = J :	9 JU JW-JI	00 /0 /10				
							MC	ΓNC	THLY AVERA	GE	
67,112 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	751	2,275	\$	51,210.34	\$	22.51	.034	\$	68.19	\$.76
DIAGNOSTIC AND ANC. PROCED	556	561		25,887.52		46.15	.008		46.56		.39
EYE APPLIANCES	598	1,693		24,650.01		14.56	.025		41.22		.37
OTHER OPTOMETRIC SERVICES	19	21		672.81		32.04	.000		35.41		.01
@CHIROPRACTOR	29	75	\$	1,249.82	\$	16.66	.001	\$	43.10	\$.02
VISITS	29	75		1,249.82		16.66	.001		43.10		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	18	26	\$	1,057.74	\$	40.68	.000	\$	58.76	\$.02
MEDICINE/INJECTIONS	17	21		761.45		36.26	.000		44.79		.01
SURGERY/ANES.	2	3		110.99		37.00	.000		55.50		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	1	1		168.00		168.00	.000		168.00		.00
@HOME HEALTH AGENCY	51	427	\$	19,815.69	\$	46.41	.006	\$	388.54	\$.30
NURSE ANESTHESIST	3	20	\$	316.71	\$	15.84	.000	\$	105.57	\$.00
NURSE MIDWIFE	2	2	\$	62.34	\$	31.17	.000	\$	31.17	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	8	\$	281.45	\$	35.18	.000	\$	93.82	\$.00
@TOTAL HOSPITAL	7,324	31,211	\$	3,647,530.39	\$	116.87	.465	\$	498.02	\$	54.35

HOSP INPATIENT TOTAL	549	2,136		2,896,775.08		1356.17	.032	5	276.46		43.16
HSC HOSPITALS	97	622		829,678.37					553.39		12.36
NON-HSC HOSPITAL TOTAL	454	1,507		2,064,721.43		1370.09	.022		547.84		30.77
ACCOMMODATIONS		1,507		732,170.93			.022		664.02		10.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	440	1,507		732,170.93		485.85	.022	1	664.02		10.91
ANCILLARIES	454	0		1,332,550.50		.00			935.13		19.86
INPATIENT CROSSOVERS	3	7		2,375.28		339.33	.000		791.76		.04
ALL OTHER INPATIENT	0	0		.00		.00			.00		.00
HOSP OUTPATIENT TOTAL	0 7,093	29,075		750,755.31		25.82	.433		105.84		11.19
MEDICAL	963	1,405		40,978.19		29.17	.021		42.55		.61
SURGERY	547 3,273	636		21,865.70		34.38			39.97		.33
PATHOLOGY	3,273	12,579		173,020.51		13.75	.187		52.86		2.58
RADIOLOGY	1,842			158,406.18		64.87	.036		86.00		2.36
ROOM USE	4,633	6,346		244,089.08		38.46			52.68		3.64
CROSSOVERS/ALL OTH OUTPTNT	2,483	2,442 6,346 5,667		112,395.65		19.83	.084		45.27		1.67
@COUNTY HOSPITAL TOTAL	22	108	\$	32,550.76	\$	301.40	.002	\$ 1	479.58	\$.49
CO HOSPITAL INPATIENT TOTAL		26		28,730.05		1105.00		9	576.68		.43
HSC HOSPITALS	3	26		28,730.05		1105.00	.000	9	576.68		.43
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0 0 0 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	20	82		3,820.71		46.59	.001		191.04		.06
MEDICAL	5	7		327.71		46.82	.000		65.54		.00
SURGERY	5	6		622.16		103.69	.000		124.43		.01
PATHOLOGY	7	26		416.99		16.04	.000		59.57		.01
RADIOLOGY	3	4		679.72		169.93	.000		226.57		.01
ROOM USE	13	18		861.92		47.88	.000		66.30		.01
CROSSOVERS/ALL OTH OUTPINT		21		912.21		43.44	.000		114.03		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONT	TH-OF-PAYMENT R	REPORT	r for jan	2003 THRU 1	DEC 2	003	PA	GE 2,667
	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	R MN-NOSOC	-FAM 3	34 39 3N 3T 3V	54 59	9 5J 5W-5					
							Mo		Y AVERA		
CD 110 DT TGTDT DG	TIGED G INTERG	OF GERTITAE									0 CE DED

					. 1101		01
67,112 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,306	31,103 \$	3,614,979.63	\$ 116.23	.463	494.80	\$ 53.86
COMM HOSP INPATIENT TOTAL	546	2,110	2,868,045.03	1359.26	.031	5252.83	42.74
HSC HOSPITALS	94	596	800,948.32	1343.87	.009	8520.73	11.93
NON-HSC HOSPITALS TOTAL	454	1,507	2,064,721.43	1370.09	.022	4547.84	30.77
ACCOMMODATIONS	440	1,507	732,170.93	485.85	.022	1664.02	10.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	440	1,507	732,170.93	485.85	.022	1664.02	10.91
ANCILLARIES	454	0	1,332,550.50	.00	.000	2935.13	19.86
INPATIENT CROSSOVERS	3	7	2,375.28	339.33	.000	791.76	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7,077	28,993	746,934.60	25.76	.432	105.54	11.13
MEDICAL	958	1,398	40,650.48	29.08	.021	42.43	.61
SURGERY	542	630	21,243.54	33.72	.009	39.19	.32
PATHOLOGY	3,267	12,553	172,603.52	13.75	.187	52.83	2.57
RADIOLOGY	1,839	2,438	157,726.46	64.70	.036	85.77	2.35
ROOM USE	4,623	6,328	243,227.16	38.44	.094	52.61	3.62
CROSSOVERS/ALL OTH OUTPINT	2,476	5,646	111,483.44	19.75	.084	45.03	1.66
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	·	.00	·	.00	.000		.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	270	\$	7,158.33	\$	26.51	.004	\$	1431.67	\$.11
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	5	270		7,158.33		26.51	.004		1431.67		.11
@REHABILITATION FACILITY	20	134	\$	2,738.79	\$	20.44	.002	\$	136.94	\$.04
HOSPITAL BASED	2	3		208.86		69.62	.000		104.43		.00
INDEPENDENT FACILITY	18	131		2,529.93		19.31	.002		140.55		.04
@LABORATORY FACILITY	864	2,509	\$	45,876.04	\$	18.28	.037	\$	53.10	\$.68
PATHOLOGY	864	2,509		45,876.04		18.28	.037		53.10		.68
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,654	6,965	\$	663,876.35	\$	95.32	.104	\$		\$	9.89
CLINIC	698	2,170		41,492.62		19.12	.032		59.45		.62
SURGICENTER	61	404		13,988.57		34.63	.006		229.32		.21
HEROIN DETOX CLINIC	2	14		175.95		12.57	.000		87.98		.00
RURAL HEALTH CLINIC	2,911	4,377		608,219.21		138.96	.065		208.94		9.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	003 THRU :	DEC	2003	PI	AGE 2,668
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAI	4 34 39 3N 3T 3V 5	54 59	5J 5W-5Y	6J 7J 7K				

EL DONADO COUNTI	SUMMAKI OF SEK	VICES FOR PIN-NOSOC-FA	AM DE DO DIN DI DV D	04 39 30 3W-31			
					MON		
67,112 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,139	15,071 \$	164,983.25	\$ 10.95	.225 \$	77.13	\$ 2.46
DURABLE MED. EQUIP.	54	139	20,216.03	145.44	.002	374.37	.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	422	5,086	71,452.51	14.05	.076	169.32	1.06
AMBULANCES/AIR TRANS	419	5,020	56,429.62	11.24	.075	134.68	.84
OTHER TRANS	1	21	56.51	2.69	.000	56.51	.00
OTHER SERVICES	10	45	14,966.38	332.59	.001	1496.64	.22
ACUPUNCTURE	2	4	75.69	18.92	.000	37.85	.00
ADULT DAY HEALTH CARE CTR	1	5	347.90	69.58	.000	347.90	.01
GENETIC DISEASE TESTING	127	128	13,165.50	102.86	.002	103.67	.20
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	580	1,225	11,228.95	9.17	.018	19.36	.17
PHYSICAL THERAPIST	1	6	99.75	16.63	.000	99.75	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	23	30	1,829.91	61.00	.000	79.56	.03
PROSTHETICS	23	30	1,829.91	61.00	.000	79.56	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	17	2,857.11	168.07	.000	476.19	.04
HOSPICE SERVICES	1	3	403.89	134.63	.000	403.89	.01
NONINST BIRTHING CENTERS	0	0	78.64	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	904	3,975	38,686.45	9.73	.059	42.79	.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 43 4,453 4,540.92 1.02 .066 105.60 .07 @CALIF. CHILDREN SERVICES* 163 3,824 \$ 290,818.78 \$ 76.05 .057 \$ 1784.16 \$ 4.33 @XOVER EXCLUDING STATE HOSP** 137 669 \$ 15,614.45 \$ 23.34 .010 \$ 113.97 \$.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,669 #CALIF DEPT OF HEALTH SERV MEDITCAL DERVICES IND _____

MOP024 FEE-FOR-SERVICE/DENTAL

EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

----- MONTHLY AVERAGE -----
TOTAL COST DEP 01/29/04

ELDOSADO COUNTY

SUMMANY OF SERVICES FOR MN - MO SUC - TOTAL

75,992 HIGHERS

USERS UNITS OF SERVICES FOR MN - MO SUC - TOTAL

76,992 HIGHERS

USERS UNITS OF SERVICES FOR MN - MO SUC - TOTAL

77,992 HIGHERS

USERS UNITS OF SERVICES FOR MN - MO SUC - TOTAL

78,992 HIGHERS

34,318

241,373 \$ 11,715,027,04 \$ 48,602 \$ 1.176 \$ 8141,55 \$ 164,42 \$ 1.176 \$

ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	67 98 MEDI-CAL SERVIC FEE-FOR-SERVICE	94 125 ES AND EXPENDITURE	S MC	8,658.38 825.00 NTH-OF-PAYMENT RE	EPORT	92.11 6.60 FOR JAN 2	.001 .002 2003 THRU DE	129.23 8.42 CC 2003	Ρ	.11 .01 AGE 2,670 01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	•	SOC	- TOTAI.						01/25/04
EL DORADO COUNTI	BOMMAN OF BENCY	TCES FOR PIN NO	DOC	IOIAL			MON	THLY AVERA	CF	
75,992 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	_	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	929	2,786	\$	60,742.81	\$	21.80	.037 \$	65.39	\$.80
DIAGNOSTIC AND ANC. PROCED	600	605		27,945.87		46.19	.008	46.58		.37
EYE APPLIANCES	744	2,110		31,311.63		14.84	.028	42.09		.41
OTHER OPTOMETRIC SERVICES	50	71		1,485.31		20.92	.001	29.71		.02
@CHIROPRACTOR	29	75	\$	1,249.82	\$	16.66	.001 \$	43.10	\$.02
VISITS	29	75	•	1,249.82	-	16.66	.001	43.10	-	.02
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	67	81	\$	1,552.11	\$	19.16	.001 \$	23.17	\$.02

MEDICINE/INJECTIONS 17 21 761.45 36.26 .000 44.79 SURGERY/ANES. 2 3 110.99 37.00 .000 55.50 RADIO./PATHOLOGY 1 1 17.30 17.30 .000 17.30 OTHER 50 56 662.37 11.83 .001 13.25 @HOME HEALTH AGENCY 106 6,785 \$ 205,746.05 \$ 30.32 .089 \$ 1941.00 \$ NURSE ANESTHESIST 7 42 \$ 400.37 \$ 9.53 .001 \$ 57.20 \$ NURSE MIDWIFE 2 2 \$ 62.34 \$ 31.17 .000 \$ 31.17 .000 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00<	.01 .00 .00
SURGERY/ANES. 2 3 110.99 37.00 .000 55.50 RADIO./PATHOLOGY 1 1 17.30 17.30 .000 17.30 OTHER 50 56 662.37 11.83 .001 13.25 OWNER WINDERS ACRES OF TAKEN	
RADIO./PATHOLOGY 1 1 17.30 17.30 .000 17.30 OTHER 50 56 662.37 11.83 .001 13.25	.00
OTHER 50 56 662.37 11.83 .001 13.25	
OHOME HERTERI ACENTON 100 - 1041 00	.01
@HOME HEALTH AGENCY 106 6,785 \$ 205,746.05 \$ 30.32 .089 \$ 1941.00 \$	\$ 2.71
NURSE ANESTHESIST 7 42 \$ 400.37 \$ 9.53 .001 \$ 57.20 \$	\$.01
NURSE MIDWIFE 2 2 \$ 62.34 \$ 31.17 .000 \$ 31.17 :	\$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$	\$.00
FAMILY NURSE PRACTITIONER 4 9 \$ 321.45 \$ 35.72 .000 \$ 80.36 \$	\$.00
@TOTAL HOSPITAL 8,584 38,430 \$ 4,300,479.19 \$ 111.90 .506 \$ 500.99	
HOSP INPATIENT TOTAL 696 2,746 3,425,303.29 1247.38 .036 4921.41	45.07
HSC HOSPITALS 122 766 994,621.37 1298.46 .010 8152.63	13.09
HOSP INPATIENT TOTAL 696 2,746 3,425,303.29 1247.38 .036 4921.41 HSC HOSPITALS 122 766 994,621.37 1298.46 .010 8152.63 NON-HSC HOSPITAL TOTAL 481 1,635 2,352,178.37 1438.64 .022 4890.18 ACCOMMODATIONS 467 1,635 812,041.10 496.66 .022 1738.85	30.95
ACCOMMODATIONS 467 1,635 2,332,176.37 1438.64 .022 4890.16 812,041.10 496.66 .022 1738.85	10.69
ADMINISTRATIVE DAYS 2 24 5,088.60 212.03 .000 2544.30	.07
ADMINISTRATIVE DAYS 2 24 5,088.60 212.03 .000 2544.30 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 465 1,611 806,952.50 500.90 .021 1735.38	10.62
ANCILLARIES 481 0 1,540,137.27 .00 .000 3201.95	20.27
INPATIENT CROSSOVERS 101 345 78,503.55 227.55 .005 777.26	1.03
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 8,260 35,684 875,175.90 24.53 .470 105.95	11.52
MEDICAL 1,040 1,556 46,021.32 29.58 .020 44.25	.61
SURGERY 571 664 23,104.33 34.80 .009 40.46	.30
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.	2.52
RADIOLOGY 1,963 2,625 172,234.37 65.61 .035 87.74	2.27
ROOM USE 4,792 6,604 253,694.07 38.42 .087 52.94 CROSSOVERS/ALL OTH OUTPTNT 3,395 10,083 188,897.19 18.73 .133 55.64 @COUNTY HOSPITAL TOTAL 24 131 \$ 58,310.76 \$ 445.12 .002 \$ 2429.62 \$ CO HOSPITAL INPATIENT TOTAL 5 49 54,490.05 1112.04 .001 10898.01 HSC HOSPITALS 5 49 54,490.05 1112.04 .001 10898.01	3.34
CROSSOVERS/ALL OTH OUTPTNT 3,395 10,083 188,897.19 18.73 .133 55.64	2.49
@COUNTY HOSPITAL TOTAL 24 131 \$ 58,310.76 \$ 445.12 .002 \$ 2429.62	
CO HOSPITAL INPATIENT TOTAL 5 49 54,490.05 1112.04 .001 10898.01	.72
HSC HOSPITALS 5 49 54,490.05 1112.04 .001 10898.01	.72
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 .00 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .05
CO HOSP OUTPATIENT TOTAL 20 82 3,820.71 46.59 .001 191.04 MEDICAL 5 7 327.71 46.82 .000 65.54	
MEDICAL 5 7 327.71 46.82 .000 65.54 SURGERY 5 6 622.16 103.69 .000 124.43	.00
SURGERY 5 6 622.16 103.69 .000 124.43 PATHOLOGY 7 26 416.99 16.04 .000 59.57	.01
PATHOLOGY 7 26 416.99 16.04 .000 59.57	.01
RADIOLOGY 3 4 679.72 169.93 .000 226.57	.01
ROOM USE 13 18 861.92 47.88 .000 66.30	.01
CROSSOVERS/ALL OTH OUTPTNT 8 21 912.21 43.44 .000 114.03	.01
## CROSSOVERS/ALL OTH OTTAL CROSSOVERS/ALL OTH OUTPINT S.93	PAGE 2,671
MOP024 FEE-FOR-SERVICE/DENTAL	01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	
MONTHLY AVERAGI	
75,992 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 8,564 38,299 \$ 4,242,168.43 \$ 110.76 .504 \$ 495.35 \$	•
COMM HOSP INPATIENT TOTAL 691 2,697 3,370,813.24 1249.84 .035 4878.17	44.36

2,697 717 4878.1/ COMM HOSP INPATIENT TOTAL 691 117 1249.84 .035 HSC HOSPITALS 940,131.32 1311.20 .009 8035.31 12.37 NON-HSC HOSPITALS TOTAL 481 1,635 2,352,178.37 1438.64 .022 4890.18 30.95 467 1,635 496.66 1738.85 10.69 ACCOMMODATIONS 812,041.10 .022 ADMINISTRATIVE DAYS 2 24 5,088.60 212.03 .000 2544.30 .07 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .000 .00 806,952.50 465 1,611 500.90 1735.38 10.62 ALL OTHER ACCOM .021 481 0 1,540,137.27 .000 3201.95 20.27 ANCILLARIES .00

INPATIENT CROSSOVERS	101	345		78,503.55		227.55	.005		777.26		1.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8,244	35,602		871,355.19		24.47	.468		105.70		11.47
MEDICAL	1,035	1,549		45,693.61		29.50	.020		44.15		.60
SURGERY	566	658		22,482.17		34.17	.009		39.72		.30
PATHOLOGY	3,482	14,126		190,807.63		13.51	.186		54.80		2.51
RADIOLOGY	1,960	2,621		171,554.65		65.45	.034		87.53		2.26
ROOM USE	4,782	6,586		252,832.15		38.39	.087		52.87		3.33
CROSSOVERS/ALL OTH OUTPTNT	3,388	10,062		187,984.98		18.68	.132		55.49		2.47
@STATE HOSPITAL	0	, 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00	-	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	91	2,180	\$	284,045.06	\$	130.30	.029	\$	3121.37	\$	3.74
LEV A-INTERMEDIATE	2	66	·	4,484.04	·	67.94	.001	•	2242.02		.06
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	89	2,114		279,561.02		132.24	.028		3141.14		3.68
@INTERMEDIATE CARE FACILDD	0	, 0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	·	.00	.000	•	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	34	314	\$	35,042.54	\$	111.60	.004	\$	1030.66	\$.46
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	34	314		35,042.54		111.60	.004		1030.66		.46
@REHABILITATION FACILITY	40	428	\$	7,949.76	\$	18.57	.006	\$	198.74	\$.10
HOSPITAL BASED	2	3		208.86		69.62	.000		104.43		.00
INDEPENDENT FACILITY	38	425		7,740.90		18.21	.006		203.71		.10
@LABORATORY FACILITY	919	2,857	\$	50,463.62	\$	17.66	.038	\$	54.91	\$.66
PATHOLOGY	916	2,847		50,410.44		17.71	.037		55.03		.66
XO AND OTHERS	3	10		53.18		5.32	.000		17.73		.00
@ORGANIZED OUTPATIENT CLINIC	3,962	7,530	\$	710,919.57	\$	94.41	.099	\$	179.43	\$	9.36
CLINIC	706	2,181		41,810.95		19.17	.029		59.22		.55
SURGICENTER	93	472		20,688.44		43.83	.006		222.46		.27
HEROIN DETOX CLINIC	2	14		175.95		12.57	.000		87.98		.00
RURAL HEALTH CLINIC	3,180	4,863		648,244.23		133.30	.064		203.85		8.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPOR7	FOR JAN 20	003 THRU	DEC	2003	PA	GE 2,672
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR MN - N	O SOC	- TOTAL							
									HLY AVERA	GE -	

							<u>-</u>
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
2,988	56,047	\$	322,372.92	\$ 5.75	.738	\$ 107.89	\$ 4.24
88	222		43,955.76	198.00	.003	499.50	.58
0	0		.00	.00	.000	.00	.00
6	6		885.24	147.54	.000	147.54	.01
509	6,169		83,974.90	13.61	.081	164.98	1.11
472	5,649		63,602.93	11.26	.074	134.75	.84
16	177		625.15	3.53	.002	39.07	.01
31	343		19,746.82	57.57	.005	636.99	.26
2	4		75.69	18.92	.000	37.85	.00
1	5		347.90	69.58	.000	347.90	.00
127	128		13,165.50	102.86	.002	103.67	.17
73	449		35,789.49	79.71	.006	490.27	.47
0	0		.00	.00	.000	.00	.00
750	1,594		15,624.62	9.80	.021	20.83	.21
1	6		99.75	16.63	.000	99.75	.00
7	12		185.62	15.47	.000	26.52	.00
35	56		3,499.51	62.49	.001	99.99	.05
	88 0 6 509 472 16 31 2 1 127 73 0 750 1	OR DAYS OF CARE 2,988 56,047 88 222 0 0 0 6 6 509 6,169 472 5,649 16 177 31 343 2 4 1 5 127 128 73 449 0 0 750 1,594 1 6 7 12	OR DAYS OF CARE 2,988	OR DAYS OF CARE 2,988	OR DAYS OF CARE 2,988 56,047 \$ 322,372.92 \$ 5.75 88 222 43,955.76 198.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 2,988	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 2,988 56,047 \$ 322,372.92 \$ 5.75 .738 \$ 107.89 88 222 43,955.76 198.00 .003 499.50 0 0 .00 .00 .000 .00 6 6 885.24 147.54 .000 147.54 509 6,169 83,974.90 13.61 .081 164.98 472 5,649 63,602.93 11.26 .074 134.75 16 177 625.15 3.53 .002 39.07 31 343 19,746.82 57.57 .005 636.99 2 4 75.69 18.92 .000 37.85 1 5 347.90 69.58 .000 347.90 127 128 13,165.50 102.86 .002 103.67 73 449 35,789.49 79.71 .006 490.27 0 0

PROSTHETICS	35	56	3,499.51	62.49	.001	99.99	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	3	83.60	27.87	.000	27.87	.00
SPEECH AND AUDIOLOGY	18	43	9,068.92	210.91	.001	503.83	.12
HOSPICE SERVICES	9	124	13,618.44	109.83	.002	1513.16	.18
NONINST BIRTHING CENTERS	0	0	78.64	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,013	10,445	69,224.06	6.63	.137	68.34	.91
EPSDT SUPPLEMENTAL SERVICE	1	4	117.64	29.41	.000	117.64	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	410	36,777	32,577.64	.89	.484	79.46	.43
@CALIF. CHILDREN SERVICES*	217	6,724	\$ 329,112.99	\$ 48.95	.088	\$ 1516.65	\$ 4.33
@XOVER EXCLUDING STATE HOSP**	2,068	11,148	\$ 260,828.76	\$ 23.40	.147	\$ 126.13	\$ 3.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,673

01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

EL DORADO COUNTY	SUMMARY OF SER	VICES FOR MN - SOC - AGEL)	AID CODE I/			
					MON		
149 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	191	1,561 \$	93,044.06	\$ 59.61	10.477 \$	487.14	\$ 624.46
@PHYSICIANS SERVICES	46	168 \$	6,627.10	\$ 39.45	1.128 \$	144.07	\$ 44.48
OUTPATIENT VISITS	2	3	197.28	65.76	.020	98.64	1.32
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	197.28	65.76	.020	98.64	1.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	24	1,358.78	56.62	.161	339.70	9.12
HOSPITAL VISITS	4	19	750.78	39.51	.128	187.70	5.04
CRITICAL CARE	1	5	608.00	121.60	.034	608.00	4.08
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	18	2,573.70	142.98	.121	857.90	17.27
PRINCIPAL SURGEON	3	5	2,303.03	460.61	.034	767.68	15.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	270.67	20.82	.087	270.67	1.82
OUTPATIENT SURGERY	1	5	120.63	24.13	.034	120.63	.81
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	120.63	24.13	.034	120.63	.81
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	452.53	45.25	.067	150.84	3.04
RADIOLOGY	4	8	282.74	35.34	.054	70.69	1.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	41	100	1,641.44	16.41	.671	40.04	11.02
@PHARMACY	93	308 \$	24,568.53	\$ 79.77	2.067 \$	264.18	\$ 164.89
PRESCRIPTION DRUGS	89	290	24,260.23	83.66	1.946	272.59	162.82
SNF/ICF	9	32	1,124.63	35.14	.215	124.96	7.55
OUTPATIENTS	80	258	23,135.60	89.67	1.732	289.20	155.27
MEDICAL SUPPLIES	12	18	308.30	17.13	.121	25.69	2.07
@DENTIST	11	61 \$	2,293.00	\$ 37.59	.409 \$		\$ 15.39
VISITS - DIAGNOSTIC	6	29	146.00	5.03	.195	24.33	.98
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS ENDODONTICS	1	4		753.00	188.25	.027	753.00		5.05
	1								
RESTORATIVE DENTISTRY	4	26		1,352.00	52.00	.174	338.00		9.07
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	2		42.00	21.00	.013	42.00		.28
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES N	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DI	EC 2003	P	AGE 2,674
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	/ICES FOR MN - SO)C -	AGED	AID CODE 1	7 1Y			
						MOI	NTHLY AVERA	GE	
149 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C		PER UNIT/DA		USER		ELIGIBLE
@OPTOMETRIST	1	6	\$	43.08	\$ 7.18	.040		Ś	.29
DIAGNOSTIC AND ANC. PROCED	0	0	Υ	.00	.00	.000	.00	~	.00
EYE APPLIANCES	1	6		43.08	7.18	.040	43.08		.29
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		Ġ	.00
VISITS	0	0	Y	.00	.00	.000	.00	Y	.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
	0	2	Ś	6.59			3.30	\$.04
@PODIATRIST	0	0	Ą		\$ 3.30		.00	Ą	
MEDICINE/INJECTIONS	0	0		.00		.000			.00
SURGERY/ANES.	0			.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	2	2	_	6.59	3.30	.013	3.30		.04
@HOME HEALTH AGENCY	0	0	Ş	.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	Ş	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	50	290	\$	16,100.71	\$ 55.52		\$ 322.01	\$	108.06
HOSP INPATIENT TOTAL	20	93		10,609.17	114.08	.624	530.46		71.20
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	20	93		10,609.17	114.08	.624	530.46		71.20
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	30	197		5,491.54	27.88	1.322	183.05		36.86
MEDICAL	1	1		12.25	12.25	.007	12.25		.08
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	7		54.69	7.81	.047	18.23		.37
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM HEE	1	1		24 12	24 12	.000	24 12		16

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ROOM USE

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,675
MOP024	FEE-FOR-SERVICE/DE	ENTAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICE	ES FOR MN - SOC -	- AGED	AID CODE 17	' 1Y		
					MON	THLY AVERAC	E
149 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE		PER UNIT/DAY	DER ELTG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50	290 \$	16,100.71	\$ 55.52	1.946 \$	322.01	
COMM HOSP INPATIENT TOTAL	20	93	10,609.17	114.08	.624	530.46	71.20
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	93	10,609.17	114.08	.624	530.46	71.20
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	197	5,491.54	27.88	1.322	183.05	36.86
MEDICAL	1	1	12.25	12.25	.007	12.25	.08
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	7	54.69	7.81	.047	18.23	.37
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	24.12	24.12	.007	24.12	.16
CROSSOVERS/ALL OTH OUTPTNT	28	188	5,400.48	28.73	1.262	192.87	36.24
@STATE HOSPITAL	0	0 \$		\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	288 \$	37,867.69	\$ 131.49	1.933 \$	2704.84	\$ 254.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	288	37,867.69	131.49	1.933	2704.84	254.15
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	3 \$	588.65	\$ 196.22	.020 \$	196.22	\$ 3.95
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	3	588.65	196.22	.020	196.22	3.95
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	14 \$		\$ 2.20	.094 \$		\$.21
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	14	30.85	2.20	.094	30.85	.21
@ORGANIZED OUTPATIENT CLINIC	3	4 \$		\$ 161.83	.027 \$		\$ 4.34
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	3	609.54	203.18	.020	304.77	4.09
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	37.76	37.76	.007	37.76	. 25
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,676
MOP024	FEE-FOR-SERVICE		3.000	3-D GODE 10	. 1		01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	- AGED	AID CODE 17		III	
140 ELICIDIES	IICEDC	INTER OF CEDUTOR	EXPENDITURES	ATTED A CT. COCT	MONT		
149 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITORES		UNITS/DAYS		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	OR DAYS OF CARE 417 \$	4,270.56	PER UNIT/DAY \$ 10.24		USER 284.70	
DURABLE MED. EQUIP.	15	417 \$ 54	1,392.19	\$ 10.24 25.78	2.799 \$.362	1392.19	\$ 28.66 9.34
BLOOD BANK	0	0	1,392.19	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	137	847.12	6.18	.919	94.12	5.69
AMBULANCES/AIR TRANS	2	2	110.71	55.36	.013	55.36	.74
OTHER TRANS	2	4	41.29	10.32	.027	20.65	. 28
OTHER TRANS	۷.	ュ	41.29	10.32	. 0 4 /	20.03	. 40

OTHER SERVICES	7	131	695.12	5.31	.879	99.30	4.67
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	4	33.28	8.32	.027	33.28	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	6.18	3.09	.013	3.09	.04
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	16	1,740.04	108.75	.107	1740.04	11.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	204	251.75	1.23	1.369	83.92	1.69
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	92	441	\$ 28,757.54	\$ 65.21	2.960	\$ 312.58	\$ 193.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,677 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----07 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 52,219.96 339.09 22.000 \$ 3263.75 \$ 7459.99 @TOTAL, ALL PROVIDERS 154 10 2,531.55 36.17 10.000 \$ 253.16 \$ 361.65 @PHYSICIANS SERVICES 15.06 OUTPATIENT VISITS 1 105.40 52.70 .286 105.40 OFFICE VISITS 105.40 52.70 .286 105.40 15.06 .00 .000 .00 HOME VISITS .00 .00 .00 .00 .00 EMERGENCY ROOM .000 .00 .00 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 0 .000 .00 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 INPATIENT VISITS 16 1,373.50 85.84 2.286 686.75 196.21 57.24 HOSPITAL VISITS 400.70 50.09 1.143 200.35 972.80 121.60 1.143 486.40 138.97 CRITICAL CARE 8 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 .000 EXAMINATIONS .00 SERVICES AND MATERIALS 0 .00 .00 .000 .00 .00 750.05 17 375.03 107.15 INPATIENT HOSPITAL SURGERY 44.12 2.429 PRINCIPAL SURGEON 1 548.03 548.03 .143 548.03 78.29 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 2.286 202.02 202.02 12.63 28.86 OUTPATIENT SURGERY 0 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .000 ANESTHESIOLOGIST DIALYSIS 0 0 .00 .00 .000 .00 .00 PATHOLOGY 0 .00 .00 .000 .00 .00 1.0 151.78 15.18 75.89 RADIOLOGY 1.429 21.68 **PSYCHIATRY** Ω .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	7	25		150.82		6.03	3.571	21.55		21.55
@PHARMACY	3	7	\$	725.74	\$	103.68		\$ 241.91	Ś	103.68
PRESCRIPTION DRUGS	3	7	Υ	725.74	٧	103.68	1.000	241.91	٧	103.68
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	3	7		725.74		103.68	1.000	241.91		103.68
MEDICAL SUPPLIES	0	Ó		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0	0	Υ	.00	τ	.00	.000	.00	т	.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES I	MONTH-OF-PAYMENT F	REPORT	r for jan 2	2003 THRU D	DEC 2003	\mathbf{P}^{I}	AGE 2,678
MOP024	FEE-FOR-SERVICE/D	ENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVIC	ES FOR MN - S	SOC -	BLIND		AID CODE	27			
							MC	NTHLY AVERA	\GE	
07 ELIGIBLES	USERS U	NITS OF SERVIC	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	RЕ		PEI	R UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00

		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00	.00
EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	75	\$	48,906.27	\$	652.08	10.714	\$ 	\$ 6986.61
HOSP INPATIENT TOTAL	3	41		48,567.26		1184.57	5.857	16189.09	6938.18
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	35		46,887.26		1339.64	5.000	46887.26	6698.18
ACCOMMODATIONS	1	35		15,985.64		456.73	5.000	15985.64	2283.66
ADMINISTRATIVE DAYS	1	21		4,857.30		231.30	3.000	4857.30	693.90
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	14		11,128.34		794.88	2.000	11128.34	1589.76
ANCILLARIES	1	0		30,901.62		.00	.000	30901.62	4414.52
INPATIENT CROSSOVERS	2	6		1,680.00		280.00	.857	840.00	240.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	34		339.01		9.97	4.857	56.50	48.43
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	24		174.90		7.29	3.429	174.90	24.99

	2		0.0	0.0	0.00	0.0	2.2
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	į.	1	33.23	33.23	.143	33.23	4.75
CROSSOVERS/ALL OTH OUTPTNT	5	9	130.88	14.54	1.286	26.18	18.70
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,679
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC - BI	LIND	AID CODE	27		
					MON	THLY AVERA	GE
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	75 \$	48,906.27	\$ 652.08	10.714 \$	5434.03	\$ 6986.61
COMM HOSP INPATIENT TOTAL	3	41	48,567.26	1184.57	5.857	16189.09	6938.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	35	46,887.26	1339.64	5.000	46887.26	6698.18
ACCOMMODATIONS	1	35	15,985.64	456.73	5.000	15985.64	2283.66
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	3.000	4857.30	693.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	14	11,128.34	794.88	2.000	11128.34	1589.76
ANCILLARIES	<u>+</u> 1	0	30,901.62	.00	.000	30901.62	4414.52
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.857	840.00	240.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
ALL CIREK INPALLENT	U	U	.00	.00	.000	.00	.00

0/ ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST		COST PER	COST PER	
		OR DAYS OF CARE		R UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	9		\$ 48,906.27	652.08		5434.03	\$	
COMM HOSP INPATIENT TOTAL	3	41	48,567.26	1184.57	5.857	16189.09	6938.18	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	35	46,887.26	1339.64	5.000	46887.26	6698.18	
ACCOMMODATIONS	1	35	15,985.64	456.73	5.000	15985.64	2283.66	
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	3.000	4857.30	693.90	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	14	11,128.34	794.88	2.000	11128.34	1589.76	
ANCILLARIES	1	0	30,901.62	.00	.000	30901.62	4414.52	
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.857	840.00	240.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	6	34	339.01	9.97	4.857	56.50	48.43	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	24	174.90	7.29	3.429	174.90	24.99	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	1	1	33.23	33.23	.143	33.23	4.75	
CROSSOVERS/ALL OTH OUTPTNT	5	9	130.88	14.54	1.286	26.18	18.70	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$	}	.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$	}	.00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$;	.00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-	-PAYMENT REPOR	T FOR JAN 2	2003 THRU D	EC 2003	PAGE	2,680
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	OR MN - SOC	- BLIND		AID CODE	27			

					MON	THLY AVERAG	E
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	56.40	\$ 28.20	.286 \$	56.40	\$ 8.06
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	56.40	28.20	.286	56.40	8.06
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	30 \$	1,923.79	\$ 64.13	4.286 \$	240.47	\$ 274.83
OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	0 0 0 0 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,681
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

----- MONTHLY AVERAGE -----247 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 2,658 456,846.52 171.88 10.761 \$ 1276.11 \$ 1849.58 @PHYSICIANS SERVICES 92 262 8,748.22 \$ 33.39 1.061 \$ 95.09 \$ 35.42 \$ 31 OUTPATIENT VISITS 34 1,409.59 41.46 .138 45.47 5.71 19 20 560.75 28.04 .081 29.51 2.27 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS 96.73 EMERGENCY ROOM 7 7 677.10 96.73 .028 2.74 .00 0 0 .00 .00 .00 PREVENTIVE CARE .000 .000 OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 7 OTHER OUTPATIENT 171.74 24.53 .028 28.62 .70 131.95 INPATIENT VISITS 12 30 1,583.40 52.78 6.41 .121 HOSPITAL VISITS 12 27 1,340.20 49.64 .109 111.68 5.43 CRITICAL CARE 2 3 243.20 81.07 .012 121.60 . 98 SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 130.03 43.34 .012 65.02 .53 OPHTHALMOLOGICAL SERVICES 43.34 **EXAMINATIONS** 130.03 .012 65.02 .53 .00 .00 SERVICES AND MATERIALS 0 .00 .000 .00 INPATIENT HOSPITAL SURGERY 332.14 55.36 .024 166.07 1.34 PRINCIPAL SURGEON 224.12 224.12 .004 224.12 .91

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	ĺ	5		108.02		21.60	.020		108.02		. 44
OUTPATIENT SURGERY	1	1		421.82		421.82	.004		421.82		1.71
		1				421.82					
PRINCIPAL SURGEON	1	1		421.82			.004		421.82		1.71
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	19		656.46		34.55	.077		131.29		2.66
RADIOLOGY	11	16		854.50		53.41	.065		77.68		3.46
	0										
PSYCHIATRY	_	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	54	153		3,360.28		21.96	.619		62.23		13.60
@PHARMACY	217	1,099	\$	262,615.46	\$	238.96	4.449	\$	1210.21	Ś	1063.22
PRESCRIPTION DRUGS	213	1,045	•	259,383.80		248.21	4.231	•	1217.76	•	1050.14
SNF/ICF	0	0		.00		.00	.000		.00		.00
	213										
OUTPATIENTS		1,045		259,383.80		248.21	4.231		1217.76		1050.14
MEDICAL SUPPLIES	21	54		3,231.66		59.85	.219		153.89		13.08
@DENTIST	39	226	\$	11,594.08	\$	51.30		\$	297.28	\$	46.94
VISITS - DIAGNOSTIC	18	113		513.00		4.54	.457		28.50		2.08
ORAL SURGERY	2	10		394.00		39.40	.040		197.00		1.60
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	3										
PERIODONTICS	3	5		398.00		79.60	.020		132.67		1.61
ENDODONTICS	7	13		2,917.08		224.39	.053		416.73		11.81
RESTORATIVE DENTISTRY	18	73		6,332.00		86.74	.296		351.78		25.64
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	10		1,040.00		104.00	.040		208.00		4.21
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	0										.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
											\sim
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0 2		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	2	RES 1	.00	EPOR	.00	.008	DEC	.00	P	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	3 MEDI-CAL SERVI	2 CES AND EXPENDITUR	RES 1		EPOR	.00	.008	DEC	.00	P	.00 AGE 2,682
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	3 MEDI-CAL SERVICE FEE-FOR-SERVICE	2 CES AND EXPENDITUR E/DENTAL		.00 MONTH-OF-PAYMENT R		.00 T FOR JAN	.008 2003 THRU	DEC	.00	P	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	3 MEDI-CAL SERVICE FEE-FOR-SERVICE	2 CES AND EXPENDITUR		.00 MONTH-OF-PAYMENT R		.00	.008 2003 THRU		.00		.00 AGE 2,682
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	3 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV	2 CES AND EXPENDITUR E/DENTAL VICES FOR MN - SO)C -	.00 MONTH-OF-PAYMENT R: DISABLED AID	CODE	.00 T FOR JAN S 65 67 6W	.008 2003 THRU 6Y	TNOI	.00 2 2003 THLY AVERA	GE	.00 AGE 2,682 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	3 MEDI-CAL SERVICE FEE-FOR-SERVICE	2 CES AND EXPENDITUR E/DENTAL VICES FOR MN - SO UNITS OF SERVICE)C -	.00 MONTH-OF-PAYMENT R	CODE AV	.00 T FOR JAN S 65 67 6W ERAGE COST	.008 2003 THRU 6Y M UNITS/DAY	IONT S	.00 2 2003 CHLY AVERA COST PER	.GE	.00 AGE 2,682 01/29/04 COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	2 CES AND EXPENDITUR E/DENTAL VICES FOR MN - SO)C -	.00 MONTH-OF-PAYMENT R: DISABLED AID EXPENDITURES	CODE AV	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY	.008 2003 THRU 6Y M UNITS/DAY PER ELIG	IONT S	.00 2 2003 THLY AVERA COST PER USER	.GE	.00 AGE 2,682 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	3 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV	2 CES AND EXPENDITUR E/DENTAL VICES FOR MN - SO UNITS OF SERVICE)C -	.00 MONTH-OF-PAYMENT R: DISABLED AID	CODE AV	.00 T FOR JAN S 65 67 6W ERAGE COST	.008 2003 THRU 6Y M UNITS/DAY	IONT S	.00 2 2003 CHLY AVERA COST PER	.GE	.00 AGE 2,682 01/29/04 COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @OPTOMETRIST	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	2 CES AND EXPENDITUR E/DENTAL VICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE)C -	.00 MONTH-OF-PAYMENT R: DISABLED AID EXPENDITURES	CODE AV PE	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY	.008 2003 THRU 6Y M UNITS/DAY PER ELIG	IONT S	.00 2 2003 THLY AVERA COST PER USER	.GE	.00 AGE 2,682 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 13 1	2 CES AND EXPENDITUR E/DENTAL VICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 40 1)C -	.00 MONTH-OF-PAYMENT RI DISABLED AID 6 EXPENDITURES 619.63 47.45	CODE AV PE	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.49 47.45	.008 2003 THRU 6Y M UNITS/DAY PER ELIG .162 .004	IONT S	.00 2 2003 CHLY AVERA COST PER USER 47.66 47.45	.GE	.00 AGE 2,682 01/29/04 COST PER ELIGIBLE 2.51 .19
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 13 1 12	2 CES AND EXPENDITUR E/DENTAL VICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 40 1 37)C -	.00 MONTH-OF-PAYMENT RI DISABLED AID 6 EXPENDITURES 619.63 47.45 565.73	CODE AV PE	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.49 47.45 15.29	.008 2003 THRU 6Y M UNITS/DAY PER ELIG .162 .004 .150	IONT S	.00 2 2003 CHLY AVERA COST PER USER 47.66 47.45 47.14	.GE	.00 AGE 2,682 01/29/04 COST PER ELIGIBLE 2.51 .19 2.29
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 13 1 12 1	Z CES AND EXPENDITUR E/DENTAL VICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 40 1 37 2)C -	.00 MONTH-OF-PAYMENT RI DISABLED AID 6 EXPENDITURES 619.63 47.45 565.73 6.45	CODE AV PE \$.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.49 47.45 15.29 3.23	.008 2003 THRU 6Y M UNITS/DAY PER ELIG .162 .004 .150 .008	IONT S \$.00 2 2003 CHLY AVERA COST PER USER 47.66 47.45 47.14 6.45	GE \$.00 AGE 2,682 01/29/04 COST PER ELIGIBLE 2.51 .19 2.29 .03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 13 1 12	Z CES AND EXPENDITUR E/DENTAL VICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 40 1 37 2 0)C -	.00 MONTH-OF-PAYMENT RI DISABLED AID 6 EXPENDITURES 619.63 47.45 565.73 6.45 .00	CODE AV PE	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.49 47.45 15.29 3.23 .00	.008 2003 THRU 6Y M UNITS/DAY PER ELIG .162 .004 .150 .008 .000	IONT S \$.00 2 2003 CHLY AVERA COST PER USER 47.66 47.45 47.14 6.45 .00	GE \$.00 AGE 2,682 01/29/04 COST PER ELIGIBLE 2.51 .19 2.29 .03 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 13 1 12 1	Z CES AND EXPENDITUR E/DENTAL VICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 40 1 37 2 0 0)C -	.00 MONTH-OF-PAYMENT RI DISABLED AID 6 EXPENDITURES 619.63 47.45 565.73 6.45 .00 .00	CODE AV PE \$.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.49 47.45 15.29 3.23 .00 .00	.008 2003 THRU 6Y M UNITS/DAY PER ELIG .162 .004 .150 .008 .000	IONT S \$.00 2 2003 CHLY AVERA COST PER USER 47.66 47.45 47.14 6.45 .00 .00	GE \$.00 AGE 2,682 01/29/04 COST PER ELIGIBLE 2.51 .19 2.29 .03 .00 .00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 13 1 12 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Z CES AND EXPENDITUR E/DENTAL VICES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 40 1 37 2 0 0 0 0 0 0 0 25)C -	.00 MONTH-OF-PAYMENT RI DISABLED AID 6 EXPENDITURES 619.63 47.45 565.73 6.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AV PE \$.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.49 47.45 15.29 3.23 .00 .00 .00 .00 .00 .00	.008 2003 THRU 6Y M UNITS/DAY PER ELIG .162 .004 .150 .008 .000 .000 .000 .000 .000 .000 .0	IONT	.00 2 2003 CHLY AVERA COST PER USER 47.66 47.14 6.45 .00 .00 .00 .00 .00 .00	GE \$.00 AGE 2,682 01/29/04 COST PER ELIGIBLE 2.51 .19 2.29 .03 .00 .00 .00 .00 .00 .00 .00
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MDANGIMIONAL ID CADE	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0			.00	.00	.000	.00		.00
ALL OTHER ACCOM	11 11	61		33,587.14	550.61	.247	3053.38		135.98
ANCILLARIES		0		97,644.37	.00 322.82 .00 20.95	.000	8876.76		395.32
INPATIENT CROSSOVERS	8	15		4,842.26	322.82	.061	605.28		19.60
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 103.43		.00
HOSP OUTPATIENT TOTAL	80	395		8,274.59	20.95	1.599	103.43		33.50
MEDICAL	7	9		295.94	32.88	.036	42.28		1.20
SURGERY	2	2		89.34	44.67	.008	44.67		.36
PATHOLOGY	22	94		1,128.56	12.07	.381	51.30		4.57
	9	10		1,120.30	12.01 160.65				
RADIOLOGY				1,606.49	100.05	.040	178.50		6.50
ROOM USE	21	31		1,029.34	33.20 16.57	.126	49.02		4.17
CROSSOVERS/ALL OTH OUTPTNT		249				1.008	80.88		16.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0 0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		
ADMINISTRATIVE DAYS	0	0							.00
TRANSITIONAL IP CARE	U	U		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0							
RADIOLOGY	U	U		.00	.00	.000	.00		.00
BUUM LIGH.	()	()		.00	.00	.000	.00		.00
ROOM USE	_								
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00		.00
			ES M	.00	.00				.00 PAGE 2,683
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/	S AND EXPENDITUR DENTAL		.00 ONTH-OF-PAYMENT RE	.00 EPORT FOR JAN	2003 THRU I			
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/	S AND EXPENDITUR DENTAL		.00 ONTH-OF-PAYMENT RE	.00 EPORT FOR JAN	2003 THRU I			PAGE 2,683
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/	S AND EXPENDITUR DENTAL		.00	.00 EPORT FOR JAN	2003 THRU I		F	PAGE 2,683 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	MEDI-CAL SERVICES FEE-FOR-SERVICES SUMMARY OF SERVICES	S AND EXPENDITUR DENTAL CES FOR MN - SO	C -	.00 ONTH-OF-PAYMENT RE	.00 EPORT FOR JAN CODES 65 67 6W	2003 THRU I 6Y MO	DEC 2003 ONTHLY AVER	I AGE	PAGE 2,683 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES	MEDI-CAL SERVICE: FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS	S AND EXPENDITUR DENTAL CES FOR MN - SO JNITS OF SERVICE	C -	.00 ONTH-OF-PAYMENT RE	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST	2003 THRU I 6Y MO UNITS/DAYS	DEC 2003 ONTHLY AVER S COST PER	I AGE	PAGE 2,683 01/29/04 COST PER
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES	MEDI-CAL SERVICE: FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS	S AND EXPENDITURED ENTAL CES FOR MN - SOUTH SOUTH SOUTH SOUTH SERVICE OR DAYS OF CARE	C -	.00 IONTH-OF-PAYMENT RE DISABLED AID (EXPENDITURES	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST	2003 THRU I 6Y MO UNITS/DAYS PER ELIG	DEC 2003 ONTHLY AVER S COST PER USER	F AGE	PAGE 2,683 01/29/04 COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE: FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U	S AND EXPENDITURED ENTAL CES FOR MN - SOU UNITS OF SERVICE OR DAYS OF CARE 473	C -	.00 IONTH-OF-PAYMENT RE DISABLED AID (EXPENDITURES 146.487.36	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY S 309.70	2003 THRU I 6Y MO UNITS/DAYS PER ELIG 1.915	DEC 2003 ONTHLY AVER S COST PER USER \$ 1525.91	F AGE \$	PAGE 2,683 01/29/04 COST PER ELIGIBLE 593.07
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE: FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U 96 20	S AND EXPENDITURE DENTAL CES FOR MN - SOUDITIES OF SERVICE OR DAYS OF CARE 473 78	C -	.00 IONTH-OF-PAYMENT RE DISABLED AID (EXPENDITURES 146.487.36	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY S 309.70	2003 THRU I 6Y MO UNITS/DAYS PER ELIG 1.915	ONTHLY AVER S COST PER USER \$ 1525.91 6910.64	e AGE \$	PAGE 2,683 01/29/04 COST PER ELIGIBLE 593.07 559.57
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE: FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U 96 20	S AND EXPENDITURED ENTAL CES FOR MN - SOUDITS OF SERVICE OR DAYS OF CARE 473 78 2	C -	.00 IONTH-OF-PAYMENT RE DISABLED AID (EXPENDITURES 146.487.36	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY S 309.70	2003 THRU I 6Y MO UNITS/DAYS PER ELIG 1.915	DEC 2003 DNTHLY AVER S COST PER USER \$ 1525.91 6910.64 2139.00	e AGE \$	PAGE 2,683 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE: FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U 96 20	S AND EXPENDITURED ENTAL CES FOR MN - SOU JUITS OF SERVICE OR DAYS OF CARE 473 78 2 61	C -	.00 IONTH-OF-PAYMENT RE DISABLED AID (EXPENDITURES 146.487.36	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY S 309.70	2003 THRU I 6Y MO UNITS/DAYS PER ELIG 1.915	DEC 2003 DNTHLY AVER S COST PER USER \$ 1525.91 6910.64 2139.00 11930.14	e AGE \$	PAGE 2,683 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE: FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS I 96 20 1 11	S AND EXPENDITURED ENTAL CES FOR MN - SOU JUNITS OF SERVICE OR DAYS OF CARE 473 78 2 61 61	C -	.00 IONTH-OF-PAYMENT RE DISABLED AID (EXPENDITURES 146,487.36 138,212.77 2,139.00 131,231.51 33,587.14	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 309.70 1771.96 1069.50 2151.34 550.61	6Y MC UNITS/DAYS PER ELIG 1.915 .316 .008 .247 .247	DEC 2003 DNTHLY AVER S COST PER USER \$ 1525.91 6910.64 2139.00 11930.14 3053.38	AGE \$	PAGE 2,683 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE: FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS I 96 20 1 11	S AND EXPENDITURED ENTAL CES FOR MN - SOU JUNITS OF SERVICE OR DAYS OF CARE 473 78 2 61 61 61	C -	.00 IONTH-OF-PAYMENT RE DISABLED AID (EXPENDITURES 146,487.36 138,212.77 2,139.00 131,231.51 33,587.14	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 309.70 1771.96 1069.50 2151.34 550.61	2003 THRU I 6Y MO UNITS/DAYS PER ELIG 1.915	DEC 2003 DNTHLY AVER S COST PER USER \$ 1525.91 6910.64 2139.00 11930.14 3053.38	AGE \$	PAGE 2,683 01/29/04
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	MEDI-CAL SERVICE: FEE-FOR-SERVICE: SUMMARY OF SERVIC USERS 96 20 1 11 11 0 0 11 11 8 0 80 7 2 22 22 9 21 51 0	S AND EXPENDITURED ENTAL DENTAL DES FOR MN - SOUDITURED ENTAL DES FOR MN - SOUDITURED ENTAL DENTAL DES FOR MN - SOUDITURED ENTAL DENTAL	C -	.00 IONTH-OF-PAYMENT REDISABLED AID CONTH-OF-PAYMENT REDISABLE	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 309.70 1771.96 1069.50 2151.34 550.61 .00 .00 550.61 .00 322.82 .00 20.95 32.88 44.67 12.01 160.65 33.20 16.57 \$.00	6Y MC UNITS/DAYS PER ELIG 1.915 .316 .008 .247 .247 .000 .000 .247 .000 .000 .247 .000 .061 .000 1.599 .036 .008 .381 .040 .126 1.008 .000	DEC 2003 DNTHLY AVER COST PER USER \$ 1525.91 6910.64 2139.00 11930.14 3053.38 .00 .00 3053.38 8876.76 605.28 .00 103.43 42.28 44.67 51.30 178.50 49.02 80.88	FAAGE	PAGE 2,683 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE: FEE-FOR-SERVICE: SUMMARY OF SERVICE USERS 96 20 1 11 11 0 0 0 11 11 11 8 0 80 7 2 22 9 21 51 0 0	S AND EXPENDITURED ENTAL DENTAL DES FOR MN - SO JNITS OF SERVICE OR DAYS OF CARE 473 78 2 61 61 0 0 61 0 15 0 395 9 2 94 10 31 249 0 0	C - \$.00 IONTH-OF-PAYMENT REDISABLED AID CONTH-OF-PAYMENT REDISABLE	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 309.70 1771.96 1069.50 2151.34 550.61 .00 .00 550.61 .00 322.82 .00 20.95 32.88 44.67 12.01 160.65 33.20 16.57 \$.00 .00	6Y MC UNITS/DAYS PER ELIG 1.915 .316 .008 .247 .247 .000 .000 .247 .000 .061 .000 1.599 .036 .008 .381 .040 .126 1.008 .000 .040 .126 1.008	DEC 2003 DNTHLY AVER COST PER USER \$ 1525.91 6910.64 2139.00 11930.14 3053.38 .00 .00 3053.38 8876.76 605.28 .00 103.43 42.28 44.67 51.30 178.50 49.02 80.88 \$.00 .00	I AAGE \$	PAGE 2,683 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE: FEE-FOR-SERVICE: SUMMARY OF SERVICE 96 20 1 11 11 0 0 11 11 11 8 0 80 7 2 22 22 9 21 51 0 0 0 0	S AND EXPENDITURED ENTAL DENTAL DES FOR MN - SO JNITS OF SERVICE OR DAYS OF CARE 473 78 2 61 61 61 0 0 61 15 0 395 9 2 94 10 31 249 0 0 0	C - \$.00 IONTH-OF-PAYMENT REDISABLED AID CEXPENDITURES 146,487.36 138,212.77 2,139.00 131,231.51 33,587.14 .00 .00 33,587.14 97,644.37 4,842.26 .00 8,274.59 295.94 89.34 1,128.56 1,606.49 1,029.34 4,124.92 .00 .00 .00 .00	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 309.70 1771.96 1069.50 2151.34 550.61 .00 .00 550.61 .00 322.82 .00 20.95 32.88 44.67 12.01 160.65 33.20 16.57 \$.00 .00	6Y MC UNITS/DAYS PER ELIG 1.915 .316 .008 .247 .247 .000 .000 .247 .000 .061 .000 1.599 .036 .008 .381 .040 .126 1.008 .000 .000 .000 .000	DEC 2003 DNTHLY AVER COST PER USER \$ 1525.91 6910.64 2139.00 11930.14 3053.38 876.76 605.28 .00 103.43 42.28 44.67 51.30 178.50 49.02 80.88 \$.00 .00	I AAGE \$	PAGE 2,683 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	MEDI-CAL SERVICE: FEE-FOR-SERVICE: SUMMARY OF SERVICE 96 20 1 11 11 0 0 11 11 11 8 0 80 7 2 2 22 9 21 51 0 0 0 1	S AND EXPENDITURED ENTAL DENTAL DES FOR MN - SO JNITS OF SERVICE OR DAYS OF CARE 473 78 2 61 61 61 0 0 61 15 0 395 9 2 94 10 31 249 0 0 0 31	C - \$.00 IONTH-OF-PAYMENT REDISABLED AID OF EXPENDITURES 146,487.36 138,212.77 2,139.00 131,231.51 33,587.14 .00 .00 .33,587.14 .97,644.37 4,842.26 .00 8,274.59 295.94 89.34 1,128.56 1,606.49 1,029.34 4,124.92 .00 .00 .00 3,107.51	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 309.70 1771.96 1069.50 2151.34 550.61 .00 .00 550.61 .00 322.82 .00 20.95 32.88 44.67 12.01 160.65 33.20 16.57 \$.00 .00 \$ 100.24	6Y MC UNITS/DAYS PER ELIG 1.915 .316 .008 .247 .247 .000 .000 .247 .000 .061 .000 1.599 .036 .008 .381 .040 .126 1.008 .000 .000 .126	DEC 2003 DNTHLY AVER COST PER USER \$ 1525.91 6910.64 2139.00 11930.14 3053.38 876.76 605.28 .00 103.43 42.28 44.67 51.30 178.50 49.02 80.88 \$.00 .00 \$ 3107.51	I AAGE \$ \$	PAGE 2,683 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 247 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE: FEE-FOR-SERVICE: SUMMARY OF SERVICE 96 20 1 11 11 0 0 11 11 11 8 0 80 7 2 22 22 9 21 51 0 0 0 0	S AND EXPENDITURED ENTAL DENTAL DES FOR MN - SO JNITS OF SERVICE OR DAYS OF CARE 473 78 2 61 61 61 0 0 61 15 0 395 9 2 94 10 31 249 0 0 0	C - \$.00 IONTH-OF-PAYMENT REDISABLED AID CEXPENDITURES 146,487.36 138,212.77 2,139.00 131,231.51 33,587.14 .00 .00 33,587.14 97,644.37 4,842.26 .00 8,274.59 295.94 89.34 1,128.56 1,606.49 1,029.34 4,124.92 .00 .00 .00 .00	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 309.70 1771.96 1069.50 2151.34 550.61 .00 .00 550.61 .00 322.82 .00 20.95 32.88 44.67 12.01 160.65 33.20 16.57 \$.00 .00	6Y MC UNITS/DAYS PER ELIG 1.915 .316 .008 .247 .247 .000 .000 .247 .000 .061 .000 1.599 .036 .008 .381 .040 .126 1.008 .000 .000 .000 .000	DEC 2003 DNTHLY AVER COST PER USER \$ 1525.91 6910.64 2139.00 11930.14 3053.38 876.76 605.28 .00 103.43 42.28 44.67 51.30 178.50 49.02 80.88 \$.00 .00	I AAGE \$ \$	PAGE 2,683 01/29/04

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ADMINISTRATIVE DAYS

0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	31		3,107.51		100.24	.126		3107.51		12.58
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	•	.00	.000		.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	8	11	\$	4,478.85	\$	407.17	.045	\$	559.86	\$	18.13
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	8	11		4,478.85		407.17	.045		559.86		18.13
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	13	\$	120.39	\$	9.26	.053	\$	120.39	\$.49
PATHOLOGY	1	13		120.39		9.26	.053		120.39		.49
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	15	\$	1,174.64	\$.061	\$	117.46	\$	4.76
CLINIC	1	1		46.43		46.43	.004		46.43		.19
SURGICENTER	1	2		91.86		45.93	.008		91.86		.37
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	12		1,036.35		86.36	.049		129.54		4.20
#CALIF DEPT OF HEALTH SERV			ES N	MONTH-OF-PAYMENT I	REPOR	r for Jan	2003 THRU I	DEC	2003	Ρ	AGE 2,684
MOP024	FEE-FOR-SERVICE/										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVI	CES FOR MN - SO	C -	DISABLED AID	CODE	S 65 67 6W					
							MO				
247 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	36	463	\$	16,093.56	\$		1.874	\$	447.04	\$	65.16
DURABLE MED. EQUIP.	2	3		367.02		122.34	.012		183.51		1.49
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	7	140		652.33		4.66	.567		93.19		2.64
AMBULANCES/AIR TRANS	4	34		477.31		14.04	.138		119.33		1.93

247 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	36	463 \$	16,093.56	\$ 34.76	1.874 \$	447.04	\$ 65.16
DURABLE MED. EQUIP.	2	3	367.02	122.34	.012	183.51	1.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	140	652.33	4.66	.567	93.19	2.64
AMBULANCES/AIR TRANS	4	34	477.31	14.04	.138	119.33	1.93
OTHER TRANS	1	21	56.51	2.69	.085	56.51	.23
OTHER SERVICES	3	85	118.51	1.39	.344	39.50	.48
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	29	4,695.05	161.90	.117	586.88	19.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	18	196.96	10.94	.073	21.88	.80
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	255	9,673.06	37.93	1.032	4836.53	39.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	18	509.14	28.29	.073	63.64	2.06
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	90	494 \$	15,486.38	\$ 31.35	2.000 \$	172.07	\$ 62.70
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPARA	TE INFORMATION ITEM	ONLY;				

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,685 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

0011111111 01 0111	., _ 0_0 _ 0 ,			010 010 07				
					MON	ITHLY AVERA	GE.	
USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF CAI	RE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
390	2,402	\$	242,234.17	\$ 100.85	7.023 \$	621.11	\$	708.29
186	601	\$	31,469.96	\$ 52.36	1.757 \$	169.19	\$	92.02
102	131		6,422.47	49.03	.383	62.97		18.78
42	53		1,634.64	30.84	.155	38.92		4.78
0	0		.00	.00	.000	.00		.00
63	75		4,730.23	63.07	.219	75.08		13.83
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
	390 186 102 42	OR DAYS OF CAI 390 2,402 186 601 102 131 42 53 0 0	OR DAYS OF CARE 390	OR DAYS OF CARE 390	OR DAYS OF CARE 390 2,402 \$ 242,234.17 \$ 100.85 186 601 \$ 31,469.96 \$ 52.36 102 131 6,422.47 49.03 42 53 1,634.64 0 0 0 0 .00 63 75 4,730.23 63.07 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 390 2,402 \$ 242,234.17 \$ 100.85 7.023 \$ 186 601 \$ 31,469.96 \$ 52.36 1.757 \$ 102 131 6,422.47 49.03 .383 42 53 1,634.64 30.84 .155 0 0 0 .00 .00 .00 .000 63 75 4,730.23 63.07 .219 0 0 0 .00 .00 .000	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER UNIT/DAY PER ELIG USER 390 2,402 \$ 242,234.17 \$ 100.85 7.023 \$ 621.11 186 601 \$ 31,469.96 \$ 52.36 1.757 \$ 169.19 102 131 6,422.47 49.03 .383 62.97 42 53 1,634.64 30.84 .155 38.92 0 0 .00 .00 .00 .00 63 75 4,730.23 63.07 .219 75.08 0 0 .00 .00 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 390

OTHER OUTPATIENT	3	3		57.60	19.20	.009	19.20	.17
INPATIENT VISITS	12	60		3,043.32	50.72	.175	253.61	8.90
HOSPITAL VISITS	11	54		2,406.82	44.57	.158	218.80	7.04
CRITICAL CARE	4	6		636.50	106.08	.018	159.13	1.86
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	4		199.84	49.96	.012	66.61	.58
EXAMINATIONS	3	4		199.84	49.96	.012	66.61	.58
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	66		4,117.73	62.39	.193	316.75	12.04
PRINCIPAL SURGEON	8	9		3,316.42	368.49	.026	414.55	9.70
ASSISTANT SURGEON	1	1		167.72	167.72	.003	167.72	.49
ANESTHESIOLOGIST	5	56		633.59	11.31	.164	126.72	1.85
OUTPATIENT SURGERY	36	153		8,161.82	53.35	.447	226.72	23.86
PRINCIPAL SURGEON	25	31		6,100.51	196.79	.091	244.02	17.84
ASSISTANT SURGEON	1	1		61.06	61.06	.003	61.06	.18
ANESTHESIOLOGIST	13	121		2,000.25	16.53	.354	153.87	5.85
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	17	40		1,804.94	45.12	.117	106.17	5.28
RADIOLOGY	1 / 47	92		3,844.23	41.79	.269	81.79	11.24
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	5		30.35	6.07	.015	7.59	.09
OTHER SERVICES/ALL X-OVERS	32	50		3,845.26	76.91	.146	120.16	11.24
@PHARMACY	106	268	\$	16,014.20	\$ 59.75	.784		\$ 46.83
PRESCRIPTION DRUGS	105	264	Ą	15,700.59	59.75 59.47	.772	149.53	45.91
SNF/ICF	105	204		8.52	8.52	.003	8.52	.02
OUTPATIENTS	104	263		15,692.07	59.67	.769	150.89	45.88
MEDICAL SUPPLIES	3	4		313.61	78.40	.012	104.54	.92
@DENTIST	30	162	\$	4,874.68	\$ 30.09	.474		
VISITS - DIAGNOSTIC	17	82	Ą	594.00	\$ 30.09 7.24	.240	34.94	1.74
ORAL SURGERY	8	16		497.00	31.06	.047	62.13	1.45
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.003	200.00	.58
ENDODONTICS ENDODONTICS		10		590.00	59.00	.029	118.00	1.73
RESTORATIVE DENTISTRY	13	38		2,684.33	70.64	.111	206.49	7.85
PROSTHETICS	0	0		2,004.33	.00	.000	.00	.00
DENTURES, STAYPLATES	1	12		309.35	25.78	.035	309.35	.90
•		0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2		.00	.00	.006	.00	.00
ALL OTHER SERVICES	⊥ 1	<u> </u>		.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI GAI GEDATG	ד עווע בערבער. ד	ם מו נוים	MONTH-OF-PAYMENT R				PAGE 2,686
MOP024	FEE-FOR-SERVICE		IUKES	MONIH-OF-PAIMENI R	EPORT FOR JAN	ZUUS IRKU DI	EC 2003	01/29/04
EL DORADO COUNTY			COC	- FAMILIES AID CODE	ED 6D 27			01/29/04
EL DORADO COUNTI	SOMMAY OF SEKA	TCEO LOK MIN -	20C -	- LAMITHTED AID CONF	\ C \ AU \ AC	MON	JTHIY AVERA	GE
342 ELIGIBLES	USERS	UNITS OF SERV	TCE	EXPENDITURES	AVERAGE COST			COST PER
312 111(1110)	COLIND	OR DAYS OF CA			PER UNIT/DAY		USER	ELIGIBLE
	_							-

						1-10	DIA 1	TITLI VARIVA	CE	
342 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	9	33	\$ 670.12	\$	20.31	.096	\$	74.46	\$	1.96
DIAGNOSTIC AND ANC. PROCED	7	7	284.70		40.67	.020		40.67		.83
EYE APPLIANCES	7	26	385.42		14.82	.076		55.06		1.13
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	S	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	161	993	Ė	177,949.08	-	179.20		\$	1105.27		520.32
HOSP INPATIENT TOTAL	28	95	Ψ	160,146.01	Ψ.	1685.75	.278	τ.	5719.50	Τ.	468.26
HSC HOSPITALS	4	19		20,102.00		1058.00	.056		5025.50		58.78
NON-HSC HOSPITAL TOTAL	23	73		139,204.01		1906.90	.213		6052.35		407.03
ACCOMMODATIONS	23	73		35,628.56		488.06	.213		1549.07		104.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	23	73				488.06	.213		1549.07		104.18
ALL OTHER ACCOM	23	0		35,628.56 103,575.45		.00	.000		4503.28		302.85
ANCILLARIES	1	3				280.00					
INPATIENT CROSSOVERS	0	0		840.00			.009		840.00		2.46
ALL OTHER INPATIENT				.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	139	898		17,803.07		19.83	2.626		128.08		52.06
MEDICAL	31	39		618.93		15.87	.114		19.97		1.81
SURGERY	23	24		1,533.17		63.88	.070		66.66		4.48
PATHOLOGY	69	353		3,053.85		8.65	1.032		44.26		8.93
RADIOLOGY	58	92		4,553.38		49.49	.269		78.51		13.31
ROOM USE	94	136		5,001.96		36.78	.398		53.21		14.63
CROSSOVERS/ALL OTH OUTPTNT		254		3,041.78		11.98	.743		41.67		8.89
@COUNTY HOSPITAL TOTAL	1		\$	33.11	\$	33.11	.003	\$	33.11	\$.10
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0 0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		33.11		33.11	.003		33.11		.10
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	ĺ	1		33.11		33.11	.003		33.11		.10
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S M		EPOR			DEC		P	AGE 2,687
MOP024	FEE-FOR-SERVICE		~ .	.01.111 01 1111111111111111111111111111			2000 111110		2005		01/29/04
EL DORADO COUNTY		ICES FOR MN - SOC	_	FAMILIES AID CODE	5R	6R 37					01/25/01
III DOMINO COOMII	BOH HILL OF BLICV	Tells For Phy Boc		TIMILLIED THE CODE	Jic	ore 37	M	тис	HLY AVERA	GE.	
342 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST	UNITS/DAY				COST PER
312 111011110	OBLIE	OR DAYS OF CARE		HALL ENDITORED			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	160		\$	177,915.97	\$				1111.97		520.22
COMM HOSP INPATIENT TOTAL	28	95	Ÿ			1685.75	.278			Ÿ	
HSC HOSPITALS	4	19		20,102.00		1058.00	.056		5025.50		58.78
NON-HSC HOSPITALS TOTAL	23	73		139,204.01		1906.90	.213		6052.35		407.03
	23	73		35,628.56							104.18
ACCOMMODATIONS	0			•		488.06	.213		1549.07		
ADMINISTRATIVE DAYS		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	73		35,628.56		488.06	.213		1549.07		104.18
ANCILLARIES	23	0		103,575.45		.00	.000		4503.28		302.85
INPATIENT CROSSOVERS	1	3		840.00		280.00	.009		840.00		2.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	138	897		17,769.96		19.81	2.623		128.77		51.96
MEDICAL	31	39		618.93		15.87	.114		19.97		1.81

SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	23 69 58 93 73	24 353 92 135 254		1,533.17 3,053.85 4,553.38 4,968.85 3,041.78		63.88 8.65 49.49 36.81 11.98	.070 1.032 .269 .395 .743		66.66 44.26 78.51 53.43 41.67		4.48 8.93 13.31 14.53 8.89
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	7	\$	148.85	\$	21.26	.020	\$	148.85	\$.44
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	7		148.85		21.26	.020		148.85		.44
@LABORATORY FACILITY	6	25	\$	321.08	\$	12.84	.073	\$	53.51	\$.94
PATHOLOGY	6	25		321.08		12.84	.073		53.51		.94
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	26	48	\$	6,043.73	\$	125.91	.140	\$	232.45	\$	17.67
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	5		174.83		34.97	.015		174.83		.51
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	25	43		5,868.90		136.49	.126		234.76		17.16
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE		RES I	MONTH-OF-PAYMENT R	EPOR7	FOR JAN	2003 THRU	DEC	2003	PA	GE 2,688 01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICE		OC -	FAMILIES AID CODE	5R 6	5R 37					-1,22,01
					011		M	ONTI	HLY AVERA	GE -	
342 ELIGIBLES	USERS UN	IITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	-	COST PER	_	OST PER

					1-1014	11111 1 11 1 11 11 11 11 11 11 11 11 11	011
342 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	28	265 \$	4,742.47	\$ 17.90	.775 \$	169.37	\$ 13.87
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	241	4,550.78	18.88	.705	239.51	13.31
AMBULANCES/AIR TRANS	18	240	2,750.78	11.46	.702	152.82	8.04
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.003	1800.00	5.26
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	16	133.12	8.32	.047	22.19	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	8	58.57	7.32	.023	19.52	.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	9	\$ 279.43	\$ 31.05	.026	\$ 139.72	\$.82
@XOVER EXCLUDING STATE HOSP**	1	11	\$ 945.79	\$ 85.98	.032	\$ 945.79	\$ 2.77

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,689
MOP024 FEE-FOR-SERVICE/DENTAL
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

EL DONADO COUNTI	SOMMANT OF SER	VICES FOR PIN SOC		IOIAL		MOI	NTHLY AVERA	CF	
745 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			-	COST PER
/45 EDIGIBLES	OSEKS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	955		\$	844,344.71	\$ 124.63	9.094			1133.35
@PHYSICIANS SERVICES	334		\$	49,376.83	\$ 44.85	1.478			66.28
OUTPATIENT VISITS	136	170	Ą	8,134.74	47.85	.228	59.81	Ą	10.92
OFFICE VISITS	62	75		2,300.79	30.68	.101	37.11		3.09
HOME VISITS	02	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	72	85		5,604.61	65.94	.114	77.84		7.52
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	9	10		229.34	22.93	.013	25.48		.31
INPATIENT VISITS	30	130		7,359.00	56.61	.174	245.30		9.88
HOSPITAL VISITS	29	108				.145	168.91		6.58
	29	22		4,898.50 2,460.50	45.36				3.30
CRITICAL CARE	0			•	111.84	.030	273.39		
SNF/ICF/TRANS IP CARE	Ū	0 7		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	5 5	7		329.87	47.12	.009	65.97		.44
EXAMINATIONS	0	0		329.87	47.12	.009	65.97		.44
SERVICES AND MATERIALS				.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	20	107		7,773.62	72.65	.144	388.68		10.43
PRINCIPAL SURGEON	13	16		6,391.60	399.48	.021	491.66		8.58
ASSISTANT SURGEON	1	1		167.72	167.72	.001	167.72		.23
ANESTHESIOLOGIST	8	90		1,214.30	13.49	.121	151.79		1.63
OUTPATIENT SURGERY	38	159		8,704.27	54.74	.213	229.06		11.68
PRINCIPAL SURGEON	26	32		6,522.33	203.82	.043	250.86		8.75
ASSISTANT SURGEON	1	1		61.06	61.06	.001	61.06		.08
ANESTHESIOLOGIST	14	126		2,120.88	16.83	.169	151.49		2.85
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	25	69		2,913.93	42.23	.093	116.56		3.91
RADIOLOGY	64	126		5,133.25	40.74	.169	80.21		6.89
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	4	5		30.35	6.07	.007	7.59		.04
OTHER SERVICES/ALL X-OVERS	134	328		8,997.80	27.43	.440	67.15		12.08
@PHARMACY	419	,	\$	303,923.93	\$ 180.69	2.258		\$	407.95
PRESCRIPTION DRUGS	410	1,606		300,070.36	186.84	2.156	731.88		402.78
SNF/ICF	10	33		1,133.15	34.34	.044	113.32		1.52
OUTPATIENTS	400	1,573		298,937.21	190.04	2.111	747.34		401.26
MEDICAL SUPPLIES	36	76		3,853.57	50.70	.102	107.04		5.17
@DENTIST	80		\$	18,761.76	\$ 41.79	.603		\$	25.18
VISITS - DIAGNOSTIC	41	224		1,253.00	5.59	.301	30.56		1.68
ORAL SURGERY	10	26		891.00	34.27	.035	89.10		1.20
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	4	6		598.00	99.67	.008	149.50		.80
ENDODONTICS	13	27		4,260.08	157.78	.036	327.70		5.72

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RESTORATIVE DENTISTRY	35	137	10,368.33	75.68	.184	296.24	13.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	24	1,391.35	57.97	.032	198.76	1.87
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	.00	.00	.003	.00	.00
ALL OTHER SERVICES	4	3	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	ONTH-OF-PAYMENT REI	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,690
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR MN - SOC - '	TOTAL				
					MON'	THLY AVERAG	E
745 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	23	79 \$	1,332.83	\$ 16.87	.106 \$	57.95	\$ 1.79
DIAGNOSTIC AND ANC. PROCED	8	8	332.15	41.52	.011	41.52	.45

EVE ADDITANCES	20	60	004 22	1 / / 1	002	40 71	1 22)
EYE APPLIANCES	20	69	994.23	14.41	.093	49.71	1.33	
OTHER OPTOMETRIC SERVICES	1	2	6.45	3.23	.003	6.45	.01	
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00		
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00)
@PODIATRIST	2	2 \$	6.59	\$ 3.30	.003 \$	3.30	\$.01	L
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
	0	0	.00	.00	.000	.00		
RADIO./PATHOLOGY	2						.00	
OTHER		2	6.59	3.30	.003	3.30	.01	
@HOME HEALTH AGENCY	3	25 \$	1,806.82	\$ 72.27	.034 \$	602.27	\$ 2.43	i
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00)
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00)
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00)
FAMILY NURSE PRACTITIONER	0	0 s	.00	\$.00	.000 \$.00	\$.00	
@TOTAL HOSPITAL	316	1,831 \$	389,443.42	\$ 212.69	2.458 \$	1232.42	\$ 522.74	
	71	307	357,535.21	1164.61		5035.71	479.91	
HOSP INPATIENT TOTAL					.412			
HSC HOSPITALS	5	21	22,241.00	1059.10	.028	4448.20	29.85	
NON-HSC HOSPITAL TOTAL	35	169	317,322.78	1877.65	.227	9066.37	425.94	
ACCOMMODATIONS	35	169	85,201.34	504.15	.227	2434.32	114.36	,
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.028	4857.30	6.52	2
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00)
ALL OTHER ACCOM	35	148	80,344.04	542.87	.199	2295.54	107.84	
ANCILLARIES	35	0	232,121.44	.00	.000	6632.04	311.57	
	31							
INPATIENT CROSSOVERS		117	17,971.43	153.60	.157	579.72	24.12	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	255	1,524	31,908.21	20.94	2.046	125.13	42.83	
MEDICAL	39	49	927.12	18.92	.066	23.77	1.24	
SURGERY	25	26	1,622.51	62.40	.035	64.90	2.18	
PATHOLOGY	95	478	4,412.00	9.23	.642	46.44	5.92	2
RADIOLOGY	67	102	6,159.87	60.39	.137	91.94	8.27	/
ROOM USE	117	169	6,088.65	36.03	.227	52.04	8.17	/
CROSSOVERS/ALL OTH OUTPTNT	157	700	12,698.06	18.14	.940	80.88	17.04	Ł
@COUNTY HOSPITAL TOTAL	1	1 \$	33.11	\$ 33.11	.001 \$	33.11		
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
	0	0	.00	.00		.00	.00	
NON-HSC HOSPITALS TOTAL	0	0			.000			
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00)
ANCILLARIES	0	0	.00	.00	.000	.00	.00)
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00)
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00)
CO HOSP OUTPATIENT TOTAL	1	1	33.11	33.11	.001	33.11	.04	£
MEDICAL	0	0	.00	.00	.000	.00	.00)
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
	_							
ROOM USE	1	1	33.11	33.11	.001	33.11	.04	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON	I.I.H-OEBAAMEN.I. KI	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,6	
MOP024	FEE-FOR-SERVICE						01/29/	04
EL DORADO COUNTY	SUMMARY OF SERV	VICES FOR MN - SOC - TO	TAL					
					MONT	HLY AVERA	3E	-
745 ELIGIBLES		UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	Į
	USERS	ONTID OF BERVICE						
	USERS	OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE	3
@COMMUNITY HOSPITAL TOTAL	USERS 315		389,410.31			USER 1236.22		
	315	OR DAYS OF CARE 1,830 \$	389,410.31	PER UNIT/DAY \$ 212.79	2.456 \$	1236.22	\$ 522.70)
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS		OR DAYS OF CARE		PER UNIT/DAY) L

NON-HSC HOSPITALS TOTAL	35	169		317,322.78		1877.65	.227		9066.37		425.94
ACCOMMODATIONS	35	169		85,201.34		504.15	.227		2434.32		114.36
ADMINISTRATIVE DAYS	1	21		4,857.30		231.30	.028		4857.30		6.52
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	35	148		80,344.04		542.87	.199		2295.54		107.84
ANCILLARIES	35	0		232,121.44		.00	.000		6632.04		311.57
INPATIENT CROSSOVERS	31	117		17,971.43		153.60	.157		579.72		24.12
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	254	•		31,875.10		20.93					
COMM HOSP OUTPATIENT TOTAL		1,523					2.044		125.49		42.79
MEDICAL	39	49		927.12		18.92	.066		23.77		1.24
SURGERY	25	26		1,622.51		62.40	.035		64.90		2.18
PATHOLOGY	95	478		4,412.00		9.23	.642		46.44		5.92
RADIOLOGY	67	102		6,159.87		60.39	.137		91.94		8.27
ROOM USE	116	168		6,055.54		36.04	.226		52.20		8.13
CROSSOVERS/ALL OTH OUTPTNT	157	700		12,698.06		18.14	.940		80.88		17.04
@STATE HOSPITAL	0	0	\$.00	Ġ	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Υ	.00	٧	.00	.000	٧	.00	۲	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	15	319	d		d			4		4	
@NURSING FACILITY			\$	40,975.20	Ş	128.45	.428	\$	2731.68	\$	55.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 15	319		40,975.20		128.45	.428		2731.68		55.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Υ	.00	٧	.00	.000	٧	.00	۲	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
			4		4						
@HEMODIALYSIS TOTAL	7.7	14	\$	5,067.50	\$	361.96	.019	\$	460.68	Ş	6.80
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	14		5,067.50		361.96	.019		460.68		6.80
@REHABILITATION FACILITY	1	7	\$	148.85	\$	21.26	.009	\$	148.85	\$.20
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	1	7		148.85		21.26	.009		148.85		.20
@LABORATORY FACILITY	8	52	\$	472.32	\$	9.08	.070	\$	59.04	\$.63
PATHOLOGY	7	38	•	441.47	•	11.62	.051	•	63.07		.59
XO AND OTHERS	1	14		30.85		2.20	.019		30.85		.04
@ORGANIZED OUTPATIENT CLINIC	39	67	\$	7,865.67	\$	117.40	.090	ċ,	201.68	ė.	10.56
CLINIC	1	1	Ą	46.43	Ą	46.43	.001	Ą	46.43	Ą	.06
	1										
SURGICENTER	4	10		876.23		87.62	.013		219.06		1.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	34	56		6,943.01		123.98	.075		204.21		9.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	ONTH-OF-PAYMENT R	EPOR'	T FOR JAN	2003 THRU	DEC	2003	P	AGE 2,692
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERVIC	ES FOR MN - S	OC -	TOTAL							
							M	ONT	HLY AVERA	GE	
745 ELIGIBLES	IISERS II	NITS OF SERVIC	'F.	EXPENDITIRES	Δ77	ERAGE COST					COST PER

745 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 80 1,147 25,162.99 21.94 1.540 \$ 314.54 \$ 33.78 57 1,759.21 30.86 .077 586.40 2.36 DURABLE MED. EQUIP. 3 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 1 2 56.40 28.20 .003 56.40 .08 MEDICAL TRANSPORTATION 35 518 6,050.23 11.68 .695 172.86 8.12 24 276 3,338.80 12.10 .370 139.12 4.48 AMBULANCES/AIR TRANS 3 25 97.80 3.91 32.60 OTHER TRANS .034 .13 OTHER SERVICES 11 217 2,613.63 12.04 .291 237.60 3.51 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 0 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 0 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	8	29		4,695.05	161.90	.039	586.88	6.30
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	16	38		363.36	9.56	.051	22.71	.49
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2		6.18	3.09	.003	3.09	.01
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	3	271		11,413.10	42.11	.364	3804.37	15.32
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	8		58.57	7.32	.011	19.52	.08
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	222		760.89	3.43	.298	69.17	1.02
@CALIF. CHILDREN SERVICES*	2	9	\$	279.43	\$ 31.05	.012	\$ 139.72	\$.38
@XOVER EXCLUDING STATE HOSP**	191	976	\$	47,113.50	\$ 48.27	1.310	\$ 246.67	\$ 63.24
* TOTAL THE THECK TIMES ADD CIVEN	AC A CEDADAME	TATE ODMA TITOM	TUDIN ONT V.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,693 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

SUMMARI OF SER	ATCES FOR MM - PONG II	KM CARE - AGED	AID CODE	13		
				MON	THLY AVERAG	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
3,137	111,967 \$	10,105,674.22	\$ 90.26	34.794 \$	3221.45	\$ 3140.36
280	488 \$	6,442.94	\$ 13.20	.152 \$	23.01	\$ 2.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	72.10	72.10	.000	72.10	.02
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	72.10	72.10	.000	72.10	.02
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0		.00			.00
0	0		.00			.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0		.00		.00	.00
0	0		.00		.00	.00
0	0	.00	.00	.000	.00	.00
0	0		.00		.00	.00
0	0		.00		.00	.00
0			.00		.00	.00
			13.08		22.83	1.98
2,641	17,536 \$					
2,628	16,787	778,735.95	46.39	5.217	296.32	241.99
	3,137 280 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 3,137 280 488 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,137	OR DAYS OF CARE 3,137 111,967 280 488 0 0 0 0 0 0 0 0 0 0 0 0	USERS	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 3,137 111,967 \$ 10,105,674.22 \$ 90.26 34.794 \$ 3221.45 280 488 \$ 6,442.94 \$ 13.20 .152 \$ 23.01 0 0 0 0 0 0 0 0 0

SNF/ICF	2,503	16,155	757,562.76		46.89	5.020	302.66		235.41
OUTPATIENTS	163	632	21,173.19		33.50	.196	129.90		6.58
MEDICAL SUPPLIES	327	749	25,464.31		34.00	.233	77.87		7.91
@DENTIST	174	458 \$	20,915.40	\$	45.67	.142	\$ 120.20	\$	6.50
VISITS - DIAGNOSTIC	150	326	5,916.40		18.15	.101	39.44		1.84
ORAL SURGERY	12	23	874.00		38.00	.007	72.83		.27
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	8	8	1,345.00		168.13	.002	168.13		.42
ENDODONTICS	2	3	735.00		245.00	.001	367.50		.23
RESTORATIVE DENTISTRY	9	19	1,284.00		67.58	.006	142.67		.40
PROSTHETICS	1	1	50.00		50.00	.000	50.00		.02
DENTURES, STAYPLATES	30	76	10,711.00		140.93	.024	357.03		3.33
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	3	2	.00		.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU D	EC 2003	PAG	
MOP024	FEE-FOR-SERVICE/D								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVIC	ES FOR MN - LONG	TERM CARE - AGED		AID CODE				
						_	NTHLY AVERA	_	
3,218 ELIGIBLES		NITS OF SERVICE	EXPENDITURES			UNITS/DAYS			ST PER
		OR DAYS OF CARE	1 000 40		UNIT/DAY		USER		IGIBLE
@OPTOMETRIST	39	101 \$	1,828.49		18.10	.031		\$.57
DIAGNOSTIC AND ANC. PROCED	4	4	120.91		30.23	.001	30.23		.04
EYE APPLIANCES	33	94	1,592.89		16.95	.029	48.27		.49
OTHER OPTOMETRIC SERVICES	4	3 0 \$	114.69		38.23	.001	28.67	d	.04
@CHIROPRACTOR	U	0 \$.00	\$.00	.000	\$.00	\$.00

3,218 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	C		PE	R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	39	101	\$	1,828.49	\$	18.10	.031	\$ 46.88	\$.57
DIAGNOSTIC AND ANC. PROCED	4	4		120.91		30.23	.001	30.23	.04
EYE APPLIANCES	33	94		1,592.89		16.95	.029	48.27	.49
OTHER OPTOMETRIC SERVICES	4	3		114.69		38.23	.001	28.67	.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	305	315	\$	3,258.85	\$	10.35	.098	\$ 10.68	\$ 1.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	305	315		3,258.85		10.35	.098	10.68	1.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	120	539	\$	37,177.57	\$	68.98	.167	\$ 309.81	\$ 11.55
HOSP INPATIENT TOTAL	25	91		29,260.37		321.54	.028	1170.41	9.09
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	9		9,342.37		1038.04	.003	9342.37	2.90
ACCOMMODATIONS	1	9		4,647.24		516.36	.003	4647.24	1.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	9		4,647.24		516.36	.003	4647.24	1.44
ANCILLARIES	1	0		4,695.13		.00	.000	4695.13	1.46
INPATIENT CROSSOVERS	24	82		19,918.00		242.90	.025	829.92	6.19
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	98	448		7,917.20		17.67	.139	80.79	2.46
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	2	8		70.30		8.79	.002	35.15	.02
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	96	440		7,846.90		17.83	.137	81.74	2.44
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .000 .00 PAGE 2,695

.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MON	TH-OF-PAYMENT RI	EPOK.I.	FOR JAN	2003 THRU	DEC	2003	Ρ.	AGE 2,695
MOP024 EL DORADO COUNTY	FEE-FOR-SERVICE	JUENTAL VICES FOR MN - LONG	a mmp.	M CADE ACED		ATD CODE	1 2				01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	J TER	M CARE - AGED		AID CODE				aп	
2 010 77 77777	Hanna					D105 0005			HLY AVERA		
3,218 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
	120 25	OR DAYS OF CARE	_	20 100 50			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	120	539	Ş	37,177.57	\$	68.98	.167	Ş	309.81	Ş	11.55
COMM HOSP INPATIENT TOTAL	25	91		29,260.37		321.54	.028		1170.41		9.09
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	9		9,342.37		1038.04	.003		9342.37		2.90
ACCOMMODATIONS	1	9		4,647.24		516.36	.003		4647.24		1.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	9		4,647.24		516.36	.003		4647.24		1.44
ANCILLARIES	1	0		4,695.13		.00	.000		4695.13		1.46
INPATIENT CROSSOVERS	24	82		19,918.00		242.90	.025		829.92		6.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	98	448		7,917.20		17.67	.139		80.79		2.46
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	8		70.30		8.79	.002		35.15		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	-	440		7,846.90		17.83	.137		81.74		2.44
@STATE HOSPITAL	0		\$.00	\$.00	.000	\$		\$.00
		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
MENTALLY ILL	0	0									
DEVELOP. DISABLED	0 0 2,630		4	.00	Ċ.	.00	.000	4	.00	4	.00
@NURSING FACILITY	2,630		\$	9,103,104.14	Ş	105.42		Þ	3461.26	Þ	2828.81
LEV A-INIEKMEDIAIE	00	2,219		111,286.73		50.15	.690		1636.57		34.58
LEV B-REHAB MD	30	954		95,386.01		99.99	.296		3179.53		29.64
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,534	83,179	_	8,896,431.40		106.96	25.848		3510.83		2764.58
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	19	\$	23.59	\$	1.24	.006	\$	3.37	\$.01
PATHOLOGY	0	0		.00	•	.00	.000	-	.00		.00
XO AND OTHERS	7	19		23.59		1.24	.006		3.37		.01
@ORGANIZED OUTPATIENT CLINIC	4		\$	178.78	\$	25.54	.002	\$	44.70	\$.06
CLINIC	0	0	т	.00	т.	.00	.000	т	.00	т.	.00
SURGICENTER	1	2		18.35		9.18	.001		18.35		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	5		160.43		32.09	.002		53.48		.05
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	S MON		гр∩рт			חדכ		D	AGE 2,696
MOP024	FEE-FOR-SERVICE		5 MON	III OF FAIMENT K	BF OICT	FOR UAN	2005 11110	DEC	. 2003	Ε.	01/29/04
		VICES FOR MN - LONG	ים יייי	M CARE ACED		XID CODE	1 2				01/29/04
EL DORADO COUNTY	DUMMAL OF SEKV	TCES FOR MIN - TONG	J IEK	MIDA - AGED		AID CODE		سترار	HLY AVERA	CF	
2 210 פודמדטופט	USERS	IINITTO OF OFBITOR		EADEMD14110EG	7\ 7.777		UNITS/DAY				COST PER
3,218 ELIGIBLES	CALCO	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES							
WALL OARD DDOMIDEDG	349	6,152	Ċ	128,544.20	РЕК \$	20.89	PER ELIG		USER 368.32		ELIGIBLE 39.95
@ALL OTHER PROVIDERS	349	0,152	Y	140,544.20	Ą	40.09	1.912	သု	300.34	Ą	37.73

DURABLE MED. EQUIP.	90	491		28,552.31	58.	15 .153	317.25	8.87
BLOOD BANK	0	0		.00		.000	.00	.00
HEARING AID DISPENSERS	6	9		1,407.04	156.	34 .003	234.51	.44
MEDICAL TRANSPORTATION	134	3,030		12,046.79	3.	98 .942	89.90	3.74
AMBULANCES/AIR TRANS	20	146		2,214.63	15.	17 .045	110.73	.69
OTHER TRANS	87	2,686		8,416.10	3.	13 .835	96.74	2.62
OTHER SERVICES	31	198		1,416.06	7.	15 .062	45.68	.44
ACUPUNCTURE	0	0		.00		.000	.00	.00
ADULT DAY HEALTH CARE C	TR 0	0		.00		.000	.00	.00
GENETIC DISEASE TESTING	9	0		.00		.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,M</pre>	ISSP 0	0		.00		.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.000	.00	.00
OPTICIAN	36	70		880.10	12.	57 .022	24.45	.27
PHYSICAL THERAPIST	0	0		.00		.000	.00	.00
PORTABLE X-RAY	47	109		628.49	5.	77 .034	13.37	.20
PROSTHETIST/ORTHOTISTS	3	6		188.36	31.	39 .002	62.79	.06
PROSTHETICS	3	6		188.36	31.	39 .002	62.79	.06
ORTHOTICS	0	0		.00		.000	.00	.00
PSYCHOLOGIST	8	8		90.78	11.	35 .002	11.35	.03
SPEECH AND AUDIOLOGY	13	20		686.69	34.	33 .006	52.82	.21
HOSPICE SERVICES	29	965		83,477.09	86.	50 .300	2878.52	25.94
NONINST BIRTHING CENTER	LS 0	0		.00		.000	.00	.00
LOCAL EDUCATION AGENCIE	as 0	0		.00		.000	.00	.00
EPSDT SUPPLEMENTAL SERV	TICE 0	0		.00		.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.000	.00	.00
PED SUBACUTE REHAB/WEAN	IING 0	0		.00		.000	.00	.00
ALL OTHER PROVIDERS	6	1,444		586.55		41 .449	97.76	.18
@CALIF. CHILDREN SERVICES	3*	0	\$.00	\$.	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HO	SP** 813	2,836	\$	96,852.86	\$ 34.	15 .881	\$ 119.13	\$ 30.10
* TOTAL IN THECE LINES	ADE CITIENT AC A CEDADATE	TATEODMANDTON	TUDM ONT V.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,697
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

EL DONADO COUNTI	SUMMING OF SERV	TCES FOR MIN - DONG IE	KM CAKE - BUIND	AID CODE	<u> </u>		
					MON'	THLY AVERAG	E
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14	349 \$	28,698.47	\$ 82.23	29.083 \$	2049.89	\$ 2391.54
@PHYSICIANS SERVICES	1	2 \$	54.41	\$ 27.21	.167 \$	54.41	\$ 4.53
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	2			54.41		27.21	.167		54.41		4.53
@PHARMACY	10	26	\$	1	,223.95	\$	47.08	2.167	\$	122.40	\$	102.00
PRESCRIPTION DRUGS	10	26			,223.95		47.08	2.167		122.40		102.00
SNF/ICF	10	26		1	,223.95		47.08	2.167		122.40		102.00
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	3	6	\$		410.00	\$	68.33	.500	\$	136.67	\$	34.17
VISITS - DIAGNOSTIC	2	3			85.00		28.33	.250		42.50		7.08
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3			325.00		108.33	.250		162.50		27.08
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES	MONTH-OF-P	AYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PI	AGE 2,698
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	MN - Lo	ONG	TERM CARE	- BLIND		AID CODE	23				

EL DONADO COUNTI	DUMMANT OF DERV.	ICED FOR	1.111	110 1	EIGH CAICE	DHIND		AID CODE	20				
									Mo	TNC	HLY AVERA	GE.	
12 ELIGIBLES	USERS	UNITS OF	SERVICE	:	EXPEND	ITURES	AVE:	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CARE	}			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0			.00		.00	.000		.00		.00
EYE APPLIANCES	0		0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0			.00		.00	.000		.00		.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0			.00		.00	.000		.00		.00
SURGERY/ANES.	0		0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	0		0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00

THE ARTES OF COLUMN	0	0	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan 20	03 THRU DEC	2003	PAGE 2,699
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	MN - LONG	TERM CARE - BLIND	AID CODE 2	3		
				_	MONTH	LY AVERAGI	3

12 ELIGIBLES USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COCH DED	
			TIVETCE COOT	UNIIS/DAIS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL 0	0	.00	.00	.000	.00	.00
HSC HOSPITALS 0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL 0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0	0	.00	.00	.000	.00	.00
ANCILLARIES 0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL 0	0	.00	.00	.000	.00	.00
MEDICAL 0	0	.00	.00	.000	.00	.00
SURGERY 0	0	.00	.00	.000	.00	.00
PATHOLOGY 0	0	.00	.00	.000	.00	.00
RADIOLOGY 0	0	.00	.00	.000	.00	.00
ROOM USE 0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT 0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL 0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL 0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED 0	0	.00	.00	.000	.00	.00
@NURSING FACILITY 10	295 \$	26,833.90	\$ 90.96	24.583 \$	2683.39	\$ 2236.16
LEV A-INTERMEDIATE 0	0	109.65	.00	.000	.00	9.14
LEV B-REHAB MD 0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING 0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED 0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE 0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	10	295	26,724.25	90.59	24.583	2672.43	2227.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

0 SURGICENTER 0 .00 .00 .000 .00 .00 0 .000 HEROIN DETOX CLINIC 0 .00 .00 .00 .00 RURAL HEALTH CLINIC 0 0 .00 .00 .000 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,700 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AID CODE 23

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

LL BOIGEO COONII	DOMINITAL OF DELICATOR	DD I OK I'M DONG I DKI'I C		TITD CODE	23		
					MON	THLY AVERAG	E
12 ELIGIBLES	USERS U	NITS OF SERVICE E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	20 \$	176.21	\$ 8.81	1.667 \$	44.05	\$ 14.68
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	14	83.60	5.97	1.167	41.80	6.97
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	14	83.60	5.97	1.167	41.80	6.97
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	33.03	33.03	.083	33.03	2.75
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	5	59.58	11.92	.417	59.58	4.97
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	7 \$	113.99	\$ 16.28	.583 \$	57.00	\$ 9.50
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT	E INFORMATION ITEM ONLY;			·		

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EL DORADO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,701 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	DOIMERT OF DELL					0.5		
						MON	THLY AVERA	GE
227 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	209	14,407	\$	908,737.13	\$ 63.08	63.467	4348.02	\$ 4003.25
@PHYSICIANS SERVICES	34	50	\$	1,674.67	\$ 33.49	.220	49.26	\$ 7.38
OUTPATIENT VISITS	2	2		152.68	76.34	.009	76.34	.67
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		152.68	76.34	.009	76.34	.67
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	16	25		781.88	31.28	.110	48.87	3.44
HOSPITAL VISITS	1	1		80.10	80.10	.004	80.10	.35
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	16	24		701.78		29.24	.106	43.86		3.09
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	1	1		20.76		20.76	.004	20.76		.09
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	19	22		719.35		32.70	.097	37.86		3.17
@PHARMACY	188	7,755	ė.	73,783.89	\$	9.51	34.163 \$		4	325.04
	185	•	\$	•	Ą		5.251	342.61	Ą	279.22
PRESCRIPTION DRUGS	177	1,192		63,383.43		53.17				
SNF/ICF		1,126		62,460.08		55.47	4.960	352.88		275.15
OUTPATIENTS	8	66		923.35		13.99	.291	115.42		4.07
MEDICAL SUPPLIES	31 12	6,563	4	10,400.46		1.58	28.912	335.50		45.82
@DENTIST		36	\$	1,706.00	\$	47.39	.159 \$		Ş	7.52
VISITS - DIAGNOSTIC	9	21		277.00		13.19	.093	30.78		1.22
ORAL SURGERY	1	1		45.00		45.00	.004	45.00		.20
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	5	5		855.00		171.00	.022	171.00		3.77
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	9		529.00		58.78	.040	529.00		2.33
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH	-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU DE	C 2003	PΙ	AGE 2,702
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MN - LON	G TERM	CARE - DISABLE	ED	AID CODE	63			
							MON	THLY AVERA	GE -	
227 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	13	\$ 217.95	\$ 16.77	.057	\$ 43.59	\$.96
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	4	12	170.50	14.21	.053	42.63	.75
OTHER OPTOMETRIC SERVICES	1	1	47.45	47.45	.004	47.45	.21
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	16	17	\$ 187.46	\$ 11.03	.075	\$ 11.72	\$.83
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	16	17	187.46	11.03	.075	11.72	.83
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	5	6 \$		217.50	\$	36.25	.026	\$	43.50	\$.96
@TOTAL HOSPITAL	20	102 \$		1,876.90	\$	18.40	.449	\$	93.85	\$	8.27
HOSP INPATIENT TOTAL	1	5		840.00		168.00	.022		840.00		3.70
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	5		840.00		168.00	.022		840.00		3.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	20	97		1,036.90		10.69	.427		51.85		4.57
MEDICAL	2	3		49.35		16.45	.013		24.68		.22
SURGERY	1	1		37.67		37.67	.004		37.67		.17
PATHOLOGY	7	34		348.55		10.25	.150		49.79		1.54
RADIOLOGY	2	2		59.26		29.63	.009		29.63		.26
ROOM USE	2	2		76.59		38.30	.009		38.30		.34
CROSSOVERS/ALL OTH OUTPTNT	14	55		465.48		8.46	.242		33.25		2.05
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	•	.00	.000		.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH	-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	PAG	E 2,703
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	R MN - LONG	TERM (CARE - DISABLE	D.	AID CODE	63				
							M	TNC	HLY AVERA	GE	
227 FF TGTDI FG	TICEDO INTEGO	OF GERTITAE			7 7 7 7 7 7	D 7 G D G G G G	TINTERO / DAM	a .	COCH DED	~~	CE DED

227 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 18.40 @COMMUNITY HOSPITAL TOTAL 20 102 1,876.90 \$.449 \$ 93.85 \$ 8.27 5 840.00 168.00 .022 840.00 3.70 COMM HOSP INPATIENT TOTAL 1 HSC HOSPITALS Ω Ω .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 ADMINISTRATIVE DAYS 0 .00 .000 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 .000 ANCILLARIES .00 .00 .00 .00 INPATIENT CROSSOVERS 5 840.00 168.00 .022 840.00 3.70 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 20 97 1,036.90 .427 51.85 4.57 COMM HOSP OUTPATIENT TOTAL 10.69 49.35 16.45 24.68 .22 MEDICAL .013 SURGERY 1 1 37.67 37.67 .004 37.67 .17 7 34 348.55 10.25 49.79 1.54 PATHOLOGY .150 2 59.26 RADIOLOGY 29.63 .009 29.63 .26 2 2 ROOM USE 76.59 38.30 .009 38.30 .34

CROSSOVERS/ALL OTH OUTPTNT	14	55		465.48		8.46	.242		33.25		2.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	167	5,326	\$	721,299.78	\$	135.43	23.463	\$	4319.16	\$	3177.53
LEV A-INTERMEDIATE	6	163		4,578.38		28.09	.718		763.06		20.17
LEV B-REHAB MD	1	31		352.83		11.38	.137		352.83		1.55
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	160	5,132		716,368.57		139.59	22.608		4477.30		3155.81
@INTERMEDIATE CARE FACILDD	24	722	\$	87,547.07	\$	121.26	3.181	\$	3647.79	\$	385.67
ICF DDH	12	365		48,810.17		133.73	1.608		4067.51		215.02
ICF DD	12	357		38,736.90		108.51	1.573		3228.08		170.65
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	9	\$	130.13	\$	14.46	.040	\$	32.53	\$.57
PATHOLOGY	4	9		130.13		14.46	.040		32.53		.57
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	16	\$	289.39	\$	18.09	.070	\$	32.15	\$	1.27
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	16		289.39		18.09	.070		32.15		1.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDIT	'URES	MONTH-OF-PAYMENT R	EPOR7	FOR JAN	2003 THRU	DEC	2003	P	AGE 2,704
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	R MN -	LONG	TERM CARE - DISABL	ED	AID COD	E 63				
MONTHLY AVERAGE											

					MON	IHLY AVERA	JE
227 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	31	355 \$	19,806.39	\$ 55.79	1.564 \$	638.92	\$ 87.25
DURABLE MED. EQUIP.	10	128	16,937.23	132.32	.564	1693.72	74.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	169	807.11	4.78	.744	73.37	3.56
AMBULANCES/AIR TRANS	4	25	295.97	11.84	.110	73.99	1.30
OTHER TRANS	6	142	468.43	3.30	.626	78.07	2.06
OTHER SERVICES	1	2	42.71	21.36	.009	42.71	.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	102.05	11.34	.040	25.51	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.89	.89	.004	.89	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	48	1,959.11	40.81	.211	163.26	8.63
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY IN	GIVEN AS A SEPARAT	OPRIATE DETAIL I			\$ \$.00 .00 .00 .00	.000 .000 .000 .000 29.097	\$ \$.00 .00 .00 .00 81.06	\$ \$.00 .00 .00 .00 .18.57
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVIC	AND EXPENDITURE ENTAL	ES MONTH-	OF-PAYMENT RI		OR JAN 2		DEC 2	2003	PA	GE 2,705 01/29/04
							M	ONTHI	Y AVERA	GE -	
00 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE	E	XPENDITURES	AVERA PER U	GE COST	UNITS/DAY	S CC	OST PER USER	C	OST PER LIGIBLE
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	Ů.	0	.00	.00	.000	.00	.00
	0	0					.00
PREVENTIVE CARE	0	U	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	U	U	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	Ü	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	n n	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ASSISTANT SURGEON	0	0		.00			
ANESTHESIOLOGIST	U	U	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	Õ	0	.00	.00	.000	.00	.00
	0	0 \$.000 \$.00	
@DENTIST	0	- 1	.00	\$.00			
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	U	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
•	0	0				.00	
SPACE MAINTAINERS	0	0	.00	.00	.000		.00
MAXILLOFACIAL SERVICES	U	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,706
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVI	CES FOR MN - LONG TE	RM CARE - FAMILIE	ES DISCONTIN	JED		
					MONTH	LY AVERAGI	E
00 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C		COST PER
** =======	0.0=0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 \$.00	.00
	0	0			.000	.00	.00
EYE APPLIANCES			.00	.00			
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$		\$.00	.000 \$.00	
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0		Ą		Ų			Ą		Ų	
MEDICINE/INJECTIONS	Ü	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ċ	.00	\$.00	.000	\$.00	\$.00
	0		ب ط					-			
NURSE ANESTHESIST	Ü	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ċ	.00	Ċ	.00	.000	Š	.00	Ċ	.00
	0		Ą		Ą			Ą		Ą	
HOSP INPATIENT TOTAL	Ü	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	Ô		.00		.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	Ü	Ü		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ô		.00		.00	.000		.00		.00
	0	0									
HOSP OUTPATIENT TOTAL	Ü	Ü		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0										
ROOM USE	U	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ô		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
ACCOMMODATIONS	0	0				.00					.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ô	Ô		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
ROOM USE	U	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	S MONTH	H-OF-PAYMENT RE	EPORT FO	OR JAN :	2003 THRU	DEC	2003	PAGE	2,707
MOP024	FEE-FOR-SERVICE	E/DENTAL								0.3	1/29/04
EL DORADO COUNTY		ICES FOR MN - LON	IG TERM	CARE - FAMILIE	ES DIS	SCONTIN	HED				
	Sommand of Serv	1025 1010 1110 201					M	ירוו וו	UI.V AMEDA	CF	
00 ELIGIBLES	HGEDG	UNITS OF SERVICE		EXPENDIBLE	7170070	TE COCE					
00 ELIGIBLES	USERS			EXPENDITORES							T PER
	_	OR DAYS OF CARE		= .			PER ELIG				
@COMMUNITY HOSPITAL TOTAL		0	\$		\$.00	.000	Ş	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	n	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0										
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ô	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	Ü	Ü	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0						
@STATE HOSPITAL	U	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	. 0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00			
LEV B-TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0		•	.000 \$.00	.00
HOSPITAL BASED	0	•	.00	.00			
HEMODIALYSIS CENTER	Ü	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$		\$.00
	0	U Ş		•	•		•
CLINIC	U	U	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,708
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
EL DORADO COUNTY		ICES FOR MN - LONG T	ERM CARE - FAMILIE	ES DISCONTING	TED		, , , ,
III DOIGIDO COONTI	Sommer of Shirt	TODO TOR THE DOME TO		DISCONTING	MONT	ממשווא עדשי	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 FFIGIPTES	USERS		EVERNOTIONES				
CALL OFFICE PROLITRED	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES	U	U	.00	.00	.000	.00	.00
ACUPUNCTURE	Ō	Ū.	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
EIIIDICAD IIIEKARIDI	U	U	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00)	.00
PROSTHETICS	0	0	.00	.00	.000	.00)	.00
ORTHOTICS	0	0	.00	.00	.000	.00)	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00)	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00)	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00)	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00)	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00) \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00) \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,709 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

EL DORADO COUNTI	BOMMAKI OF BEKV	TCES FOR MIN LONG I	EKM CAKE TOTAL		MONT	רעדע אזידים אכ	r
3,457 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
3,437 EDIGIDDES	OSERS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,360	126,723 \$	11,043,109.82	\$ 87.14	36.657 \$		\$ 3194.42
@PHYSICIANS SERVICES	3,300	540 \$	8,172.02	\$ 15.13	.156 \$		\$ 2.36
OUTPATIENT VISITS	2	2	152.68	76.34	.001	76.34	.04
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	2	152.68	76.34	.001	76.34	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	17	26	853.98	32.85	.008	50.23	.25
HOSPITAL VISITS	1 /	20	80.10	80.10	.000	80.10	.02
CRITICAL CARE	<u> </u>	0	.00	.00	.000	.00	.02
SNF/ICF/TRANS IP CARE	17	25	773.88	30.96	.007	45.52	.22
OPHTHALMOLOGICAL SERVICES	17	25	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	20.76	20.76	.000	20.76	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	299	511	7,144.60	13.98	.148	23.89	2.07
@PHARMACY	2,839	25,317 \$	879,208.10	\$ 34.73	7.323 \$		\$ 254.33
PRESCRIPTION DRUGS	2,823	18,005	843,343.33	46.84	5.208	298.74	243.95
SNF/ICF	2,623	17,307	821,246.79	47.45	5.006	305.30	237.56
OUTPATIENTS	2,690 171	698	22,096.54	31.66	.202	129.22	6.39
MEDICAL SUPPLIES	358	7,312	35,864.77	4.90	2.115	100.18	10.37
@DENTIST	189	7,312 500 \$	23,031.40	\$ 46.06	.145 \$	121.86	
@DRIVITOI	109	300 ş	23,031.40	ų ±0.00	.T.1. 9	121.00	٠.00

VISITS - DIAGNOSTIC	161	350	6,278.40	17.94	.101	39.00	1.82
ORAL SURGERY	13	24	919.00	38.29	.007	70.69	.27
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	13	13	2,200.00	169.23	.004	169.23	.64
ENDODONTICS	2	3	735.00	245.00	.001	367.50	.21
RESTORATIVE DENTISTRY	10	28	1,813.00	64.75	.008	181.30	.52
PROSTHETICS	1	1	50.00	50.00	.000	50.00	.01
DENTURES, STAYPLATES	32	79	11,036.00	139.70	.023	344.88	3.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2003 THRU DEC	C 2003	PAGE 2,710
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04

22 201420 000111	DOINING OF DELL	1020 1011 1111 11	21.0 1.				M	ONT	HLY AVERA	GE	
3,457 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AV:	ERAGE COST			COST PER		COST PER
·		OR DAYS OF CAR	€		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	44	114	\$	2,046.44	\$	17.95	.033	\$	46.51	\$.59
DIAGNOSTIC AND ANC. PROCED	4	4	·	120.91	·	30.23	.001	•	30.23	•	.03
EYE APPLIANCES	37	106		1,763.39		16.64	.031		47.66		.51
OTHER OPTOMETRIC SERVICES	5	4		162.14		40.54	.001		32.43		.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	т.	.00	т	.00	.000	т	.00	т.	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	321	332	\$	3,446.31	Ś	10.38	.096	Ś	10.74	\$	1.00
MEDICINE/INJECTIONS	0	0	τ	.00	Ψ.	.00	.000	τ.	.00	Υ.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	321	332		3,446.31		10.38	.096		10.74		1.00
@HOME HEALTH AGENCY	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	Š	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	¢.	.00	Ġ	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	<u>ج</u>	.00	4	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	6	¢.	217.50	\$	36.25	.002	\$	43.50	\$.06
@TOTAL HOSPITAL	140	641	<u>ج</u>	39,054.47	\$	60.93	.185	\$	278.96	\$	11.30
HOSP INPATIENT TOTAL	26	96	Ą	30,100.37	Ą	313.55	.028	Ą	1157.71	Ą	8.71
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	0		9,342.37		1038.04	.003		9342.37		2.70
	1	9		4,647.24		516.36	.003		4647.24		1.34
ACCOMMODATIONS		0		.00		.00	.003		.00		.00
ADMINISTRATIVE DAYS	0	0		.00			.000		.00		
TRANSITIONAL IP CARE ALL OTHER ACCOM	1	0		4,647.24		.00 516.36	.003		4647.24		.00
	1	0		•			.003		4647.24		1.34
ANCILLARIES	25	87		4,695.13		.00					1.36
INPATIENT CROSSOVERS	∠5 0	0		20,758.00		238.60	.025		830.32		6.00
ALL OTHER INPATIENT	•			.00 8,954.10		.00 16.43	.000		.00		.00
HOSP OUTPATIENT TOTAL	118	545		•			.158		75.88		2.59
MEDICAL	1	3		49.35		16.45	.001		24.68		.01
SURGERY	T	42		37.67		37.67 9.97	.000 .012		37.67 46.54		.01 .12
PATHOLOGY	9			418.85			.012				.02
RADIOLOGY	2	2 2		59.26 76.59		29.63 38.30	.001		29.63 38.30		.02
ROOM USE	110	495				16.79	.143		75.57		
CROSSOVERS/ALL OTH OUTPTNT	110	0	۲.	8,312.38	ė,		.000	۲,	.00	4	2.40
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00		Ą		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.D.C.	.00	.000	D= -	.00	_	.00
#CALIF DEPT OF HEALTH SERV		-	KES MO	ONTH-OF-PAYMENT RE	POR'	T FOR JAN 2	2003 THRU	DEC	2003	Р	PAGE 2,711
MOP024	FEE-FOR-SERVICE										01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	/ICES FOR MN - LO	ONG T	ERM CARE - TOTAL							

							M	ONT	HIV VIEDA	GE	
3,457 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST			COST PER		COST PER
3,10. EE1012E20	05210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	140	641	\$	39,054.47	\$	60.93	.185		278.96	\$	11.30
COMM HOSP INPATIENT TOTAL	26	96		30,100.37		313.55	.028		1157.71		8.71
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	9		9,342.37		1038.04	.003		9342.37		2.70
ACCOMMODATIONS	1	9		4,647.24		516.36	.003		4647.24		1.34
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	9		4,647.24		516.36	.003		4647.24		1.34
ANCILLARIES	1	0		4,695.13		.00	.000		4695.13		1.36
INPATIENT CROSSOVERS	25	87		20,758.00		238.60	.025		830.32		6.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	118	545		8,954.10		16.43	.158		75.88		2.59
MEDICAL	2	3		49.35		16.45	.001		24.68		.01
SURGERY	1	1		37.67		37.67	.000		37.67		.01
PATHOLOGY	9	42		418.85		9.97	.012		46.54		.12
RADIOLOGY	2	2		59.26		29.63	.001		29.63		.02
ROOM USE	2	2		76.59		38.30	.001		38.30		.02
CROSSOVERS/ALL OTH OUTPTNT	110	495		8,312.38		16.79	.143		75.57		2.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	_	.00	_	.00
@NURSING FACILITY	2,807	91,973	Ş	9,851,237.82	\$	107.11		\$	3509.53	\$	2849.65
LEV A-INTERMEDIATE	74	2,382		115,974.76		48.69	.689		1567.23		33.55
LEV B-REHAB MD	31 0	985		95,738.84		97.20	.285		3088.35		27.69
LEV B-SUBACUTE FREESTANDING	-	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE		· ·		.00		.00	.000		.00		.00
LEV B-REGULAR	2,704	88,606	ė.	9,639,524.22 87,547.07	d	108.79	25.631	4	3564.91	4	2788.41
@INTERMEDIATE CARE FACILDD	24 12	722	\$		\$	121.26	.209	\$	3647.79 4067.51	\$	25.32
ICF DDH ICF DD	12	365 357		48,810.17 38,736.90		133.73 108.51	.106 .103		3228.08		$14.12 \\ 11.21$
ICF DD ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Ų	.00
INDEPENDENT FACILITY	Õ	Ö		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	28	\$	153.72	\$	5.49	.008	\$	13.97	\$.04
PATHOLOGY	4	9	Υ	130.13	Υ	14.46	.003	Ψ.	32.53	Υ.	.04
XO AND OTHERS	7	19		23.59		1.24	.005		3.37		.01
@ORGANIZED OUTPATIENT CLINIC	13	23	\$	468.17	\$	20.36	.007	Ś	36.01	\$.14
CLINIC	0	0	т	.00	-	.00	.000	т.	.00	т	.00
SURGICENTER	1	2		18.35		9.18	.001		18.35		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	21		449.82		21.42	.006		37.49		.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT I	REPORT	r for Jan :	2003 THRU	DEC	2003	Ρ	AGE 2,712
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	NG T	ERM CARE - TOTAL							
							M	ONT	HLY AVERA	GE	
3,457 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	384	6,527	\$	148,526.80	\$	22.76	1.888	\$	386.79	\$	42.96
DURABLE MED. EQUIP.	100	619		45,489.54		73.49	.179		454.90		13.16
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	6	9		1,407.04		156.34	.003		234.51		.41
MEDICAL TRANSPORTATION	147	3,213		12,937.50		4.03	.929		88.01		3.74

AMBULANCES/AIR TRANS	24	171	2,510.60	14.68	.049		104.61	.73
OTHER TRANS	95	2,842	8,968.13	3.16	.822		94.40	2.59
OTHER SERVICES	32	200	1,458.77	7.29	.058		45.59	.42
ACUPUNCTURE	0	0	.00	.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	40	79	982.15	12.43	.023		24.55	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	48	110	629.38	5.72	.032		13.11	.18
PROSTHETIST/ORTHOTISTS	3	6	188.36	31.39	.002		62.79	.05
PROSTHETICS	3	6	188.36	31.39	.002		62.79	.05
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	8	8	90.78	11.35	.002		11.35	.03
SPEECH AND AUDIOLOGY	26	69	2,678.83	38.82	.020		103.03	.77
HOSPICE SERVICES	29	965	83,477.09	86.50	.279	2	878.52	24.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	7	1,449	646.13	.45	.419		92.30	.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	867	9,448	\$ 101,181.77	\$ 10.71	2.733	\$	116.70	\$ 29.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,713 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

LL DOIGIDO COUNTI	DOINING OF DER	VICED FOR THEFTEREN	DDD1 110DD				
					MON	ITHLY AVERA	
7,951 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,738	144,756 \$	11,617,254.70	\$ 80.25	18.206 \$	1724.14	\$ 1461.11
@PHYSICIANS SERVICES	1,096	2,969 \$	66,859.01	\$ 22.52	.373 \$	61.00	\$ 8.41
OUTPATIENT VISITS	82	103	4,687.98	45.51	.013	57.17	.59
OFFICE VISITS	61	70	2,688.00	38.40	.009	44.07	.34
HOME VISITS	1	1	80.10	80.10	.000	80.10	.01
EMERGENCY ROOM	22	23	1,723.90	74.95	.003	78.36	.22
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	195.98	21.78	.001	24.50	.02
INPATIENT VISITS	20	62	3,262.72	52.62	.008	163.14	.41
HOSPITAL VISITS	18	55	2,535.72	46.10	.007	140.87	.32
CRITICAL CARE	1	5	608.00	121.60	.001	608.00	.08
SNF/ICF/TRANS IP CARE	2	2	119.00	59.50	.000	59.50	.01
OPHTHALMOLOGICAL SERVICES	10	10	442.99	44.30	.001	44.30	.06
EXAMINATIONS	8	8	392.99	49.12	.001	49.12	.05
SERVICES AND MATERIALS	2	2	50.00	25.00	.000	25.00	.01
INPATIENT HOSPITAL SURGERY	16	107	12,914.47	120.70	.013	807.15	1.62
PRINCIPAL SURGEON	13	23	10,371.34	450.93	.003	797.80	1.30
ASSISTANT SURGEON	1	2	774.38	387.19	.000	774.38	.10
ANESTHESIOLOGIST	5	82	1,768.75	21.57	.010	353.75	.22
OUTPATIENT SURGERY	13	41	3,161.41	77.11	.005	243.19	.40
PRINCIPAL SURGEON	10	18	2,717.15	150.95	.002	271.72	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	23	444.26	19.32	.003	148.09	.06
DIALYSIS	1	16	432.54	27.03	.002	432.54	.05
PATHOLOGY	13	49	1,511.49	30.85	.006	116.27	.19

RADIOLOGY	49	92		5,478.58		59.55	.012	111.83	-	.69
PSYCHIATRY	0	0		.00		.00	.000	.00)	.00
IMMUNIZATION AND INJECTION	3	6		165.14		27.52	.001	55.05	5	.02
OTHER SERVICES/ALL X-OVERS	990	2,483		34,801.69		14.02	.312	35.15	5	4.38
@PHARMACY	5,583	37,351	\$	L,596,618.47	\$	42.75	4.698	\$ 285.98	\$	200.81
PRESCRIPTION DRUGS	5,531	27,618	1	L,557,410.27		56.39	3.474	281.58	3	195.88
SNF/ICF	2,599	16,685		785,082.39		47.05	2.098	302.07	7	98.74
OUTPATIENTS	2,982	10,933		772,327.88		70.64	1.375	259.00)	97.14
MEDICAL SUPPLIES	529	9,733		39,208.20		4.03	1.224	74.12	2	4.93
@DENTIST	403	1,401	\$	70,125.90	\$	50.05	.176	\$ 174.03	. \$	8.82
VISITS - DIAGNOSTIC	272	830		11,570.90		13.94	.104	42.54	Ŀ	1.46
ORAL SURGERY	40	105		5,086.00		48.44	.013	127.15	5	.64
DRUGS	0	0		.00		.00	.000	.00)	.00
ANESTHESIA	0	0		.00		.00	.000	.00)	.00
PERIODONTICS	26	27		3,048.00		112.89	.003	117.23	3	.38
ENDODONTICS	15	26		6,398.00		246.08	.003	426.53	3	.80
RESTORATIVE DENTISTRY	70	186		14,594.00		78.46	.023	208.49)	1.84
PROSTHETICS	4	4		160.00		40.00	.001	40.00)	.02
DENTURES, STAYPLATES	81	217		29,269.00		134.88	.027	361.35	5	3.68
SPACE MAINTAINERS	0	0		.00		.00	.000	.00)	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00)	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00)	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00)	.00
ALL OTHER SERVICES	8	6		.00		.00	.001	.00)	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-	-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC 2003	P	AGE 2,714
MOP024	FEE-FOR-SERVICE/DENTAL	ı								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	R MEDICALI	Y NEEDY	- AGED						
							M	ONTHLY AVE	RAGE	

						M	Γ NC	HLY AVERA	GE	
7,951 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	137	366	\$ 6,534.85	\$	17.85	.046	\$	47.70	\$.82
DIAGNOSTIC AND ANC. PROCED	19	19	803.21		42.27	.002		42.27		.10
EYE APPLIANCES	105	305	4,975.92		16.31	.038		47.39		.63
OTHER OPTOMETRIC SERVICES	28	42	755.72		17.99	.005		26.99		.10
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	341	354	\$ 3,638.39	\$	10.28	.045	\$	10.67	\$.46
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	341	354	3,638.39		10.28	.045		10.67		.46
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	4	22	\$ 83.66	\$	3.80	.003	\$	20.92	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	817	3,696	\$ 261,240.59	\$	70.68	.465	\$	319.76	\$	32.86
HOSP INPATIENT TOTAL	125	415	191,237.28		460.81	.052		1529.90		24.05
HSC HOSPITALS	5	14	16,971.00		1212.21	.002		3394.20		2.13
NON-HSC HOSPITAL TOTAL	11	44	93,932.76		2134.84	.006		8539.34		11.81
ACCOMMODATIONS	11	44	26,723.26		607.35	.006		2429.39		3.36
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	11	44	26,723.26		607.35	.006		2429.39		3.36
ANCILLARIES	11	0	67,209.50		.00	.000		6109.95		8.45
INPATIENT CROSSOVERS	109	357	80,333.52		225.02	.045		737.00		10.10
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	718	3,281	70,003.31		21.34	.413		97.50		8.80
MEDICAL	32	63	1,758.88		27.92	.008		54.97		.22

SURGERY	4	4	333.75	83.44	.001	83.44	.04
PATHOLOGY	65	453	5,164.77	11.40	.057	79.46	.65
RADIOLOGY	44	74	5,296.36	71.57	.009	120.37	.67
ROOM USE	40	58	2,405.68	41.48	.007	60.14	.30
CROSSOVERS/ALL OTH OUTPTNT	634	2,629	55,043.87	20.94	.331	86.82	6.92
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REP	ORT FOR JAN 2	003 THRU DEG	2003	PAGE 2,715
MOP024	FEE-FOR-SERVICE/DENTAL	- -					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY NE	EDY - AGED				
					MONT	THLY AVERAG	E
7,951 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	817	3,696 \$	261,240.59	\$ 70.68	.465 \$	319.76	\$ 32.86
COMM HOSP INPATIENT TOTAL	125	415	191,237.28	460.81	.052	1529.90	24.05
HSC HOSDITALS	5	1 4	16 971 00	1212 21	002	3394 20	2 1 2

							IV		HLY AVERA		
7,951 ELIGIBLES	USERS UNI'	IS OF SERVIC	E	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
	OR	DAYS OF CAR	E		PER	UNIT/DAY	Y PER ELIC	1	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	817	3,696	\$	261,240.59	\$	70.68	.465	\$	319.76	\$	32.86
COMM HOSP INPATIENT TOTAL	125	415	•	191,237.28	·	460.81	.052	•	1529.90		24.05
HSC HOSPITALS	5	14		16,971.00		212.21	.002		3394.20		2.13
NON-HSC HOSPITALS TOTAL	11	44		93,932.76		134.84	.006		8539.34		11.81
ACCOMMODATIONS	11	44		26,723.26		607.35	.006		2429.39		3.36
	0	0		•		.00	.000		.00		.00
ADMINISTRATIVE DAYS				.00							
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11	44		26,723.26		607.35	.006		2429.39		3.36
ANCILLARIES	11	0		67,209.50		.00	.000		6109.95		8.45
INPATIENT CROSSOVERS	109	357		80,333.52		225.02	.045		737.00		10.10
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	718	3,281		70,003.31		21.34	.413		97.50		8.80
MEDICAL	32	63		1,758.88		27.92	.008		54.97		.22
SURGERY	4	4		333.75		83.44	.001		83.44		.04
PATHOLOGY	65	453		5,164.77		11.40	.057		79.46		.65
RADIOLOGY	44	74		5,296.36		71.57	.009		120.37		.67
		58		2,405.68		41.48	.007		60.14		.30
CROSSOVERS/ALL OTH OUTPTNT		2,629		55,043.87		20.94	.331		86.82		6.92
CROSSOVERS/ALL OIR OUIPINI	034	2,629	4		d		.000	4	.00	4	.00
@STATE HOSPITAL	U	-	\$.00	\$.00		\$		Ş	
MENTALLY ILL	U	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	4.	.00	4.	.00	.000	4.	.00	4.	.00
@NURSING FACILITY	2,717	88,462	\$	9,368,783.66	\$	105.91		Ş		\$	1178.32
LEV A-INTERMEDIATE	70	2,285		115,770.77		50.67	.287		1653.87		14.56
LEV B-REHAB MD	30	954		95,386.01		99.99	.120		3179.53		12.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,619	85,223		9,157,626.88		107.45	10.719		3496.61		1151.76
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
TCF DDH	0	0	т.	.00	т.	.00	.000	4	.00	т.	.00
ICE DD	0	0		.00		.00	.000		.00		.00
ICE DDM/DDCM	0	0		.00		.00	.000		.00		.00
@UFMODIALVCIC TOTAL	23	31	\$	23,557.63	\$	759.92	.004	\$	1024.24	Ġ	2.96
MUCDIANI DACED	<u> </u>	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HEMODIAL VOIC CENTED	22	31		23,557.63		759.92	.004		1024.24		2.96
LEV B-SUBACUTE HSPIL BASED LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS	∠ 3	0	4		\$.00		4		\$.00
@REHABILITATION FACILITY	0	-	\$.00	Ş		.000	\$		Þ	
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	26	123	\$	962.12	\$	7.82	.015	\$	37.00	\$.12
PATHOLOGY	17	87		907.05		10.43	.011		53.36		.11
XO AND OTHERS	9	36		55.07		1.53	.005		6.12		.01
@ORGANIZED OUTPATIENT CLINIC	121	243	\$	18,681.88	\$	76.88	.031	\$		\$	2.35
CLINIC	1	2		32.49		16.25	.000		32.49		.00
SURGICENTER	29	52		6,282.12		120.81	.007		216.62		.79
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	91	189		12,367.27		65.44	.024		135.90		1.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M		EPORT			DEC		P	AGE 2,716
										-	

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MO1	NTHLY AVERA	GE
7,951 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	801	9,738 \$	200,168.54	\$ 20.56	1.225	\$ 249.90	\$ 25.18
DURABLE MED. EQUIP.	100	567	38,261.19	67.48	.071	382.61	4.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	13	2,247.59	172.89	.002	224.76	.28
MEDICAL TRANSPORTATION	186	3,625	20,168.52	5.56	.456	108.43	2.54
AMBULANCES/AIR TRANS	39	287	4,638.46	16.16	.036	118.93	.58
OTHER TRANS	103	2,842	8,993.92	3.16	.357	87.32	1.13
OTHER SERVICES	52	496	6,536.14	13.18	.062	125.70	.82
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	51	337	23,392.84	69.41	.042	458.68	2.94
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	128	270	3,143.44	11.64	.034	24.56	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	52	116	638.66	5.51	.015	12.28	.08
PROSTHETIST/ORTHOTISTS	7	12	465.64	38.80	.002	66.52	.06
PROSTHETICS	7	12	465.64	38.80	.002	66.52	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	10	127.94	12.79	.001	12.79	.02
SPEECH AND AUDIOLOGY	16	27	1,623.88	60.14	.003	101.49	.20
HOSPICE SERVICES	34	1,066	94,517.67	88.67	.134	2779.93	11.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	249	3,695	15,581.17	4.22	.465	62.57	1.96
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,102	9,609 \$	278,326.10	\$ 28.97	1.209	132.41	\$ 35.01
@* TOTALS IN THESE LINES ARE GIV	TN AC A CFDAPA	THE THEODMATTON TTEM ONI.	v:			-	-

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,717 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----64 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 105,050.10 13.188 \$ 2020.19 \$ 1641.41 @TOTAL, ALL PROVIDERS 52 844 Ś 124.47 23 150 5,012.45 33.42 2.344 \$ 217.93 \$ 78.32 @PHYSICIANS SERVICES 3 205.29 34.22 .094 68.43 3.21 OUTPATIENT VISITS OFFICE VISITS 2 166.90 41.73 .063 83.45 2.61 .00 .00 0 .00 .00 HOME VISITS 0 .000 .00 .00 .000 .00 EMERGENCY ROOM 0 0 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 0 .00 .000 .00 .00 OTHER OUTPATIENT 2 38.39 19.20 .031 19.20 .60 INPATIENT VISITS 62 2,844.48 45.88 .969 474.08 44.45 54 HOSPITAL VISITS 1,871.68 34.66 .844 311.95 29.25 .125 486.40 972.80 121.60 15.20 CRITICAL CARE SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 .00 .000 .00 0 .00 .00 .000 .00 .00 **EXAMINATIONS** SERVICES AND MATERIALS .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	4	20		1,383.11		69.16	.313		345.78		21.61
PRINCIPAL SURGEON	3	4		1,181.09		295.27	.063		393.70		18.45
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	16		202.02		12.63	.250		202.02		3.16
OUTPATIENT SURGERY	1	1		55.85		55.85	.016		55.85		.87
PRINCIPAL SURGEON	1	1		55.85		55.85	.016		55.85		.87
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3	12		192.09		16.01	.188		64.03		3.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	15	49		331.63		6.77	.766		22.11		5.18
@PHARMACY	33	174	\$	11,361.17	\$	65.29	2.719	\$	344.28	\$	177.52
PRESCRIPTION DRUGS	31	119		9,706.86		81.57	1.859		313.12		151.67
SNF/ICF	12	34		1,541.40		45.34	.531		128.45		24.08
OUTPATIENTS	19	85		8,165.46		96.06	1.328		429.76		127.59
MEDICAL SUPPLIES	6	55		1,654.31		30.08	.859		275.72		25.85
@DENTIST	6	12	\$	835.00	\$	69.58	.188	\$	139.17	\$	13.05
VISITS - DIAGNOSTIC	4	5		130.00		26.00	.078		32.50		2.03
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	7		705.00		100.71	.109		235.00		11.02
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITUR	RES 1	MONTH-OF-PAYMENT R.	EPOR7	r for Jan	2003 THRU	DEC	2003	PI	GE 2,718
MOP024	FEE-FOR-SERVICE/DENTA	ΑL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES I	FOR MEDICAL	LY 1	NEEDY - BLIND							
64							M	ONT	HLY AVERA	GE -	

64 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17	ERAGE COST	TINITUR / DAM		COST PER	-	COST PER
04 EDIGIDADS	CALCO			EVERNOTIONES				_			
		OR DAYS OF CARE			PE.	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	Ş	.00	Ş	.00		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	56	\$	4,192.16	\$	74.86	.875	\$	1048.04	\$	65.50
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	14	103	\$	49,453.89	\$	480.13	1.609	\$	3532.42	\$	772.72
HOSP INPATIENT TOTAL	3	41	•	48,567.26		1184.57	.641	•	16189.09		758.86
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	1	35	46,887.26	1339.64	.547	46887.26	732.61
ACCOMMODATIONS	1	35	15,985.64	456.73	.547	15985.64	249.78
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.328	4857.30	75.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	14	11,128.34	794.88	.219	11128.34	173.88
ANCILLARIES	1	0	30,901.62	.00	.000	30901.62	482.84
INPATIENT CROSSOVERS	2	6	1,680.00		.094	840.00	26.25
ALL OTHER INPATIENT	2 0	0	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	11	62	886.63		.969	80.60	13.85
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	3	29	222.26		.453	74.09	3.47
RADIOLOGY	0	0	.00		.000	.00	.00
ROOM USE	3	3	89.23		.047	29.74	1.39
CROSSOVERS/ALL OTH OUTPTNT	8	30	575.14		.469	71.89	8.99
@COUNTY HOSPITAL TOTAL	0	0 \$.000		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	•	.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	Ö	0	.00		.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00		.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	· ·	ES AND EXPENDITURES					PAGE 2,719
MOP024	FEE-FOR-SERVICE		7 110111111 01 11111111111	TELL OILL LOIL OILL	2005 111110 1	2003	01/29/04
EL DORADO COUNTY		ICES FOR MEDICALLY	NEEDY - BLIND				01/25/01
EE BOIGEO COONTI	Bornanci or Blice	TODO TOTO TIDDICTIDA	NEEDI BEIND		MC	ONTHLY AVERA	GE
64 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
V1 111011110	ODDIED	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	103	49,453.89	- ,		\$ 3532.42	
COMM HOSP INPATIENT TOTAL	3	41	48,567.26		.641	16189.09	758.86
HSC HOSPITALS	0	0	10,307.20		000		00

						1-101		ш	
64 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	103 \$	5	49,453.89	\$ 480.13	1.609	\$ 3532.42	\$	772.72
COMM HOSP INPATIENT TOTAL	3	41		48,567.26	1184.57	.641	16189.09		758.86
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	35		46,887.26	1339.64	.547	46887.26		732.61
ACCOMMODATIONS	1	35		15,985.64	456.73	.547	15985.64		249.78
ADMINISTRATIVE DAYS	1	21		4,857.30	231.30	.328	4857.30		75.90
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	14		11,128.34	794.88	.219	11128.34		173.88
ANCILLARIES	1	0		30,901.62	.00	.000	30901.62		482.84
INPATIENT CROSSOVERS	2	6		1,680.00	280.00	.094	840.00		26.25
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	11	62		886.63	14.30	.969	80.60		13.85
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	29		222.26	7.66	.453	74.09		3.47
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	3	3		89.23	29.74	.047	29.74		1.39
CROSSOVERS/ALL OTH OUTPTNT	8	30		575.14	19.17	.469	71.89		8.99
@STATE HOSPITAL	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	•	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00

@NURSING FACILITY	11	325	\$ 33,925.30	\$ 104.39	5.078	\$ 3084.12	\$	530.08
LEV A-INTERMEDIATE	0	0	109.65	.00	.000	.00	•	1.71
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	11	325	33,815.65	104.05	5.078	3074.15		528.37
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2 \$	37.52	\$	18.76	.031 \$	18.76	\$.59
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	2	2	37.52		18.76	.031	18.76		.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU DEG	2003	PAGE	2,720
MOP024	FEE-FOR-SERVICE/DENTAL							01	/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - BLIND						

----- MONTHLY AVERAGE -----

MONTHIV AMEDICE

64 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 22 232.61 10.57 .344 \$ 46.52 \$ 3.63 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .000 BLOOD BANK Ω 0 .00 .00 .00 . 00 HEARING AID DISPENSERS 2 56.40 28.20 .031 56.40 .88 83.60 5.97 .219 41.80 MEDICAL TRANSPORTATION 1.31 AMBULANCES/AIR TRANS Ω .00 .00 .000 .00 .00 14 83.60 5.97 .219 41.80 1.31 OTHER TRANS 0 .00 . 00 . 00 OTHER SERVICES .000 . 00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 Ω .00 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 . 00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .00 .00 .00 .00 .000 .00 PROSTHETICS ORTHOTICS . 00 .00 .000 . 00 . 00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 33.03 33.03 .016 33.03 .52 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 0 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 Λ .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 ALL OTHER PROVIDERS 5 59.58 11.92 .078 59.58 .93 .00 @CALIF. CHILDREN SERVICES* 0 .00 \$.00 .000 \$.00 2,561.00 32.83 @XOVER EXCLUDING STATE HOSP** 17 1.219 150.65 40.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,721
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

						MON	ITHLI AVERA	JE
4,725 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,590	90,282	\$	3,556,612.60	\$ 39.39	19.107 \$	990.70	\$ 752.72
@PHYSICIANS SERVICES	866	3,181	\$	86,097.04	\$ 27.07	.673 \$	99.42	\$ 18.22
OUTPATIENT VISITS	262	384		16,717.35	43.53	.081	63.81	3.54
OFFICE VISITS	165	226		7,187.04	31.80	.048	43.56	1.52
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	92	123		8,828.37	71.78	.026	95.96	1.87

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	34	35	701.94	20.06	.007	20.65	.15
INPATIENT VISITS	84	367	14,955.24	40.75	.078	178.04	3.17
HOSPITAL VISITS	65	327	13,135.86	40.17	.069	202.09	2.78
CRITICAL CARE	5	9	847.40	94.16	.002	169.48	.18
SNF/ICF/TRANS IP CARE	23	31	971.98	31.35	.007	42.26	.21
OPHTHALMOLOGICAL SERVICES	6	7	300.49	42.93	.001	50.08	.06
EXAMINATIONS	5	6	280.49	46.75	.001	56.10	.06
SERVICES AND MATERIALS	i 1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	25	110	6,204.70	56.41	.023	248.19	1.31
PRINCIPAL SURGEON	17	20	3,879.14	193.96	.004	228.18	.82
ASSISTANT SURGEON	2	2	209.20	104.60	.000	104.60	.04
	6	88	2,116.36	24.05	.019	352.73	.45
ANESTHESIOLOGIST	32	105		63.39		208.01	
OUTPATIENT SURGERY	26	37	6,656.45		.022		1.41
PRINCIPAL SURGEON			5,172.93	139.81	.008	198.96	1.09
ASSISTANT SURGEON	1	1	198.81	198.81	.000	198.81	.04
ANESTHESIOLOGIST	6	67	1,284.71	19.17	.014	214.12	. 27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	40	87	2,577.72	29.63	.018	64.44	.55
RADIOLOGY	124	283	9,846.88	34.79	.060	79.41	2.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	75	2,933.83	39.12	.016	325.98	.62
OTHER SERVICES/ALL X-OVERS	587	1,763	25,904.38	14.69	.373	44.13	5.48
@PHARMACY	2,813	27,963 \$	1,559,491.50	\$ 55.77	5.918 \$	554.39	\$ 330.05
PRESCRIPTION DRUGS	2,779	12,199	1,528,256.79	125.28	2.582	549.93	323.44
SNF/ICF	200	1,235	66,688.32	54.00	.261	333.44	14.11
OUTPATIENTS	2,585	10,964	1,461,568.47	133.31	2.320	565.40	309.33
MEDICAL SUPPLIES	223	15,764	31,234.71	1.98	3.336	140.07	6.61
@DENTIST	361	1,570 \$		\$ 58.74	.332 \$		
VITCITC DIACMOCTIC	212	723	9,189.50	12.71	.153	43.35	1.94
ORAL SURGERY	48	137	6,459.75	47.15	.029	134.58	1.37
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	20	42	4,654.00	110.81	.009	122.47	.98
ENDODONTICS ENDODONTICS	48 0 0 38 39	60	14,657.08	244.28	.013	375.82	3.10
	142	446	•			316.13	9.50
RESTORATIVE DENTISTRY	142		44,890.00	100.65	.094		
PROSTHETICS		0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	45	156	12,371.00	79.30	.033	274.91	2.62
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	6	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,722
MOP024	FEE-FOR-SERVICE						01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - DISABLED				
					MON	THLY AVERA	
4,725 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 99 305 5,706.77 18.71 .065 \$ 57.64 \$ 1.21 47.45 47.45 DIAGNOSTIC AND ANC. PROCED 30 30 1,423.50 .006 .30 EYE APPLIANCES 91 261 4,057.90 15.55 .055 44.59 .86 .003 OTHER OPTOMETRIC SERVICES 9 14 225.37 16.10 25.04 .05 @CHIROPRACTOR 0 0 \$.00 \$.00 .000 \$.00 \$.00 0 0 .00 .000 .00 VISITS .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST 31 35 308.88 8.83 .007 9.96 .07 .00 0 .00 MEDICINE/INJECTIONS 0 .00 .000 .00 .00 0 0 .00 .000 .00 SURGERY/ANES. .00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	31	35	308.88	8.83	.007	9.96	.07
@HOME HEALTH AGENCY	54	6,327 \$	183,545.02	\$ 29.01	1.339 \$		\$ 38.85
NURSE ANESTHESIST	0	0 \$		•			\$.00
	0	•	.00				·
NURSE MIDWIFE	-	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	6	7 \$	257.50	\$ 36.79	.001 \$		\$.05
@TOTAL HOSPITAL	724	4,899 \$	592,803.13	\$ 121.00	1.037 \$	818.79	\$ 125.46
HOSP INPATIENT TOTAL	88	462	516,213.24	1117.34	.098	5866.06	109.25
HSC HOSPITALS	21	132	150,111.00	1137.20	.028	7148.14	31.77
NON-HSC HOSPITAL TOTAL	28	154	334,098.06	2169.47	.033	11932.07	70.71
ACCOMMODATIONS	28	154	91,381.29	593.39	.033	3263.62	19.34
ADMINISTRATIVE DAYS	2	24	5,088.60	212.03	.005	2544.30	1.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	26	130	86,292.69	663.79	.028	3318.95	18.26
ANCILLARIES	28	0	242,716.77	.00	.000	8668.46	51.37
INPATIENT CROSSOVERS	42	176	32,004.18	181.84	.037	762.00	6.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	672	4,437	76,589.89	17.26	.939	113.97	16.21
MEDICAL	55	101	3,641.79	36.06	.021	66.21	.77
	23						. 22
SURGERY		27	1,031.89	38.22	.006	44.86	
PATHOLOGY	182	1,258	14,594.08	11.60	.266	80.19	3.09
RADIOLOGY	88	121	10,197.58	84.28	.026	115.88	2.16
ROOM USE	141	232	8,273.36	35.66	.049	58.68	1.75
CROSSOVERS/ALL OTH OUTPTNT	464	2,698	38,851.19	14.40	.571	83.73	8.22
@COUNTY HOSPITAL TOTAL	2	23 \$	25,760.00	\$ 1120.00		12880.00	\$ 5.45
CO HOSPITAL INPATIENT TOTAL	2	23	25,760.00	1120.00	.005	12880.00	5.45
HSC HOSPITALS	2	23	25,760.00	1120.00	.005	12880.00	5.45
NON-HSC HOSPITALS TOTAL	0	0		.00	.000	.00	.00
	0		.00				
ACCOMMODATIONS	Ü	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0					.00
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES					PAGE 2,723
MOP024	FEE-FOR-SERVICE			orti Tort Orm	2005 IIIIO DI	2003	01/29/04
EL DORADO COUNTY		VICES FOR MEDICALLY	MEEDA DICYDIED				01/25/04
EL DORADO COUNTI	SUMMARI OF SERV	VICES FOR MEDICALLY	NEEDI - DISABLED		MON		CE
4 505					MON		
4,725 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	722	4,876 \$	567,043.13	\$ 116.29	1.032 \$	785.38	\$ 120.01
COMM HOSP INPATIENT TOTAL	86	439	490,453.24	1117.21	.093	5702.94	103.80
HSC HOSPITALS	19	109	124,351.00	1140.83	.023	6544.79	26.32
NON-HSC HOSPITALS TOTAL	28	154	334,098.06	2169.47	.033	11932.07	70.71
	28	154	91,381.29	593.39		3263.62	19.34
ACCOMMODATIONS					.033		
ADMINISTRATIVE DAYS	2	24	5,088.60	212.03	.005	2544.30	1.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	26	130	86,292.69	663.79	.028	3318.95	18.26
ANCILLARIES	28	0	242,716.77	.00	.000	8668.46	51.37
INPATIENT CROSSOVERS	42	176	32,004.18	181.84	.037	762.00	6.77
ALL OTHER INPATIENT	0	0	0.0	0.0	000	0.0	0.0

ALL OTHER INPATIENT

0

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MEDICAL 55 101 3,641.79 36.06 .021 66.21 .77 SURGERY 23 27 1,031.89 38.22 .006 44.86 .22 PATHOLOGY 182 1,258 14,594.08 11.60 .266 80.19 3.09 RADIOLOGY 88 121 10,197.58 84.28 .026 115.88 2.16 ROOM USE 141 232 8,273.36 35.66 .049 58.68 1.75 CROSSOVERS/ALL OTH OUTPTNT 464 2,698 38,851.19 14.40 .571 83.73 8.22 @STATE HOSPITAL 0 0 0 .00 .00 .000 .000 .000 .000 .00
SURGERY 23 27 1,031.89 38.22 .006 44.86 .22 PATHOLOGY 182 1,258 14,594.08 11.60 .266 80.19 3.09 RADIOLOGY 88 121 10,197.58 84.28 .026 115.88 2.16 ROOM USE 141 232 8,273.36 35.66 .049 58.68 1.75 CROSSOVERS/ALL OTH OUTPINT 464 2,698 38,851.19 14.40 .571 83.73 8.22 @STATE HOSPITAL 0 \$.00 \$.00 \$.00 \$.00
RADIOLOGY 88 121 10,197.58 84.28 .026 115.88 2.16 ROOM USE 141 232 8,273.36 35.66 .049 58.68 1.75 CROSSOVERS/ALL OTH OUTPINT 464 2,698 38,851.19 14.40 .571 83.73 8.22 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
ROOM USE 141 232 8,273.36 35.66 .049 58.68 1.75 CROSSOVERS/ALL OTH OUTPINT 464 2,698 38,851.19 14.40 .571 83.73 8.22 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
CROSSOVERS/ALL OTH OUTPTNT 464 2,698 38,851.19 14.40 .571 83.73 8.22 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
CROSSOVERS/ALL OTH OUTPTNT 464 2,698 38,851.19 14.40 .571 83.73 8.22 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
MENUTALLY III. 0 0 00 00 00 00 00 00 00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 .00
@NURSING FACILITY 185 5,685 \$ 773,549.12 \$ 136.07 1.203 \$ 4181.35 \$ 163.71
LEV A-INTERMEDIATE 6 163 4,578.38 28.09 .034 763.06 .97
LEV B-REHAB MD 1 31 352.83 11.38 .007 352.83 .07
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00
LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00
LEV B-REGULAR 178 5,491 768,617.91 139.98 1.162 4318.08 162.67
@INTERMEDIATE CARE FACILDD 24 722 \$ 87,547.07 \$ 121.26 .153 \$ 3647.79 \$ 18.53
ICF DDH 12 365 48,810.17 133.73 .077 4067.51 10.33
ICF DD 12 357 38,736.90 108.51 .076 3228.08 8.20
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 .00
@HEMODIALYSIS TOTAL 17 27 \$ 9,394.08 \$ 347.93 .006 \$ 552.59 \$ 1.99
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00
HEMODIALYSIS CENTER 17 27 9,394.08 347.93 .006 552.59 1.99
@REHABILITATION FACILITY 20 294 \$ 5,210.97 \$ 17.72 .062 \$ 260.55 \$ 1.10
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00 INDEPENDENT FACILITY 20 294 5,210.97 17.72 .062 260.55 1.10
INDEPENDENT FACILITY 20 294 5,210.97 17.72 .062 260.55 1.10
@LABORATORY FACILITY 42 280 \$ 3,930.42 \$ 14.04 .059 \$ 93.58 \$.83
PATHOLOGY 40 273 3,877.87 14.20 .058 96.95 .82
XO AND OTHERS 2 7 52.55 7.51 .001 26.28 .01
@ORGANIZED OUTPATIENT CLINIC 211 362 \$ 30,613.93 \$ 84.57 .077 \$ 145.09 \$ 6.48
CLINIC 8 10 332.27 33.23 .002 41.53 .07
SURGICENTER 7 23 1,137.50 49.46 .005 162.50 .24
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 197 329 29,144.16 88.58 .070 147.94 6.17
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,7
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED
MONTHLY AVERAGE

4,725 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	479	38,625 \$	125,935.84	\$ 3.26	8.175 \$	262.91	\$ 26.65
DURABLE MED. EQUIP.	37	192	32,727.29	170.45	.041	884.52	6.93
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	44.69	22.35	.000	22.35	.01
MEDICAL TRANSPORTATION	62	934	6,707.22	7.18	.198	108.18	1.42
AMBULANCES/AIR TRANS	44	549	5,633.47	10.26	.116	128.03	1.19
OTHER TRANS	8	167	557.05	3.34	.035	69.63	.12
OTHER SERVICES	11	218	516.70	2.37	.046	46.97	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	30	141	17,091.70	121.22	.030	569.72	3.62
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	92	200	2,464.62	12.32	.042	26.79	.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	8	182.52	22.82	.002	36.50	.04
PROSTHETIST/ORTHOTISTS	8	20	1,392.32	69.62	.004	174.04	.29
PROSTHETICS	8	20	1,392.32	69.62	.004	174.04	.29
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	1	1	46.44	46.44	.000		46.44	.01
SPEECH AND AUDIOLOGY	21	67	7,233.73	107.97	.014	3	344.46	1.53
HOSPICE SERVICES	6	291	13,587.07	46.69	.062	22	264.51	2.88
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	109	6,470	30,537.61	4.72	1.369	2	280.16	6.46
EPSDT SUPPLEMENTAL SERVICE	1	4	117.64	29.41	.001	1	17.64	.02
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	135	30,295	13,802.99	.46	6.412	1	02.24	2.92
@CALIF. CHILDREN SERVICES*	54	2,900	\$ 38,294.21	\$ 13.20	.614	\$ 7	09.15	\$ 8.10
@XOVER EXCLUDING STATE HOSP**	869	11,205	\$ 111,676.69	\$ 9.97	2.371	\$ 1	28.51	\$ 23.64

01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,725 MOP024 FEE-FOR-SERVICE/DENTAL

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

67,454 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	760	2,308	\$	51,880.46	Ċ	22.48	.034	Ċ	68.26	Ċ	.77
DIAGNOSTIC AND ANC. PROCED	563	568	Y	26,172.22	Y	46.08	.008	٧	46.49	٧	.39
EYE APPLIANCES	605	1,719		25,035.43		14.56	.025		41.38		.37
OTHER OPTOMETRIC SERVICES	19	21		672.81		32.04	.000		35.41		.01
@CHIROPRACTOR	29	75	\$	1,249.82	\$	16.66	.001	Ġ	43.10	Ś	.02
VISITS	29	75	Ψ.	1,249.82	Υ	16.66	.001	Ψ.	43.10	т	.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	18	26	\$	1,057.74	\$	40.68	.000	Ġ	58.76	\$.02
MEDICINE/INJECTIONS	17	21	•	761.45	•	36.26	.000		44.79		.01
SURGERY/ANES.	2	3		110.99		37.00	.000		55.50		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	1	1		168.00		168.00	.000		168.00		.00
@HOME HEALTH AGENCY	51	427	\$	19,815.69	\$	46.41	.006	\$	388.54	\$.29
NURSE ANESTHESIST	3	20	\$	316.71	\$	15.84	.000	\$	105.57	\$.00
NURSE MIDWIFE	2	2	\$	62.34	\$	31.17	.000	\$	31.17	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	8	\$	281.45	\$	35.18	.000	\$	93.82	\$.00
@TOTAL HOSPITAL	7,485	32,204	\$	3,825,479.47	\$	118.79	.477	\$	511.09	\$	56.71
HOSP INPATIENT TOTAL	577	2,231		3,056,921.09		1370.20	.033		5297.96		45.32
HSC HOSPITALS	101	641		849,780.37		1325.71	.010		8413.67		12.60
NON-HSC HOSPITAL TOTAL	477	1,580		2,203,925.44		1394.89	.023		4620.39		32.67
ACCOMMODATIONS	463	1,580		767,799.49		485.95	.023		1658.31		11.38
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0 463	1 500		.00		.00 485.95	.000		.00 1658.31		.00 11.38
ALL OTHER ACCOM	463 477	1,580 0		767,799.49			.023				
ANCILLARIES INPATIENT CROSSOVERS	1	10		1,436,125.95 3,215.28		.00 321.53	.000		3010.75 803.82		21.29 .05
ALL OTHER INPATIENT	7,232	0		3,213.20		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7 232	29,973		768,558.38		25.64	.444		106.27		11.39
MEDICAL	994	1,444		41,597.12		28.81	.021		41.85		.62
SURGERY	570	660		23,398.87		35.45	.010		41.05		.35
PATHOLOGY	3,342	12,932		176,074.36		13.62	.192		52.69		2.61
RADIOLOGY	1,900	2,534		162,959.56		64.31	.038		85.77		2.42
ROOM USE	4,727	6,482		249,091.04		38.43	.096		52.70		3.69
CROSSOVERS/ALL OTH OUTPTNT		5,921		115,437.43		19.50	.088		45.16		1.71
@COUNTY HOSPITAL TOTAL	23	109	\$	32,583.87	\$	298.93	.002	\$	1416.69	\$.48
CO HOSPITAL INPATIENT TOTAL		26	·	28,730.05	•	1105.00	.000		9576.68		.43
HSC HOSPITALS	3	26		28,730.05		1105.00	.000		9576.68		.43
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	21	83		3,853.82		46.43	.001		183.52		.06
MEDICAL	5 5	7 6		327.71		46.82	.000		65.54		.00
SURGERY				622.16		103.69	.000		124.43		.01
PATHOLOGY	7	26		416.99		16.04	.000		59.57		.01
RADIOLOGY	3 14	4 19		679.72 895.03		169.93 47.11	.000		226.57 63.93		.01 .01
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	8	21		912.21		43.44	.000		114.03		.01
#CALIF DEPT OF HEALTH SERV			ו סקק	MONTH-OF-PAYMENT R	FDOR			חדכ		D7	AGE 2,727
MOP024	FEE-FOR-SERVICE		KEO I	MONIII-OF-PAIMENT K	EFOR.	I POR UAN	2003 IIIKO	טייכ	2003	F	01/29/04
EL DORADO COUNTY		VICES FOR MEDICA	T.T.V 1	NEEDY - FAMILIES							01/2//04
LL DOMINO COUNTY	Sommer of Shirt	VICED FOR PUBLICA		TIMILLIED			M	ONT	HLY AVERA	GE -	
67,454 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST			COST PER		COST PER
•		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,466	32,095	\$	3,792,895.60	\$	118.18	.476	\$	508.02	\$	56.23

COMM HOSP INPALLENT TOTAL	5/4	2,205		3,028,191.04		13/3.33	.033		0270.06		44.89
HSC HOSPITALS	98	615		821,050.32		1335.04	.009		8378.06		12.17
NON-HSC HOSPITALS TOTAL	477	1,580		2,203,925.44		1394.89	.023		4620.39		32.67
ACCOMMODATIONS	463	1,580		767,799.49		485.95	.023		1658.31		11.38
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	463	1,580		767,799.49		485.95	.023		1658.31		11.38
ANCILLARIES	477	0		1,436,125.95		.00	.000		3010.75		21.29
INPATIENT CROSSOVERS	4	10		3,215.28		321.53	.000		803.82		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7,215	29,890		764,704.56		25.58	.443		105.99		11.34
MEDICAL	989	1,437		41,269.41		28.72	.021		41.73		.61
SURGERY	565	654		22,776.71		34.83	.010		40.31		.34
PATHOLOGY	3,336	12,906		175,657.37		13.61	.191		52.66		2.60
RADIOLOGY	1,897	2,530		162,279.84		64.14	.038		85.55		2.41
	4,716	6,463				38.40	.096		52.63		3.68
ROOM USE		5,900		248,196.01							
CROSSOVERS/ALL OTH OUTPTNT		- ,		114,525.22		19.41	.087	_	44.93	_	1.70
@STATE HOSPITAL	0	0	\$		\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
ICF DDH	0	0	т	.00	-	.00	.000	т.	.00	-	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	270	\$		\$	26.51		Ġ	1431.67	Ġ	.11
HOSPITAL BASED	0	270	Y	.00	Y	.00	.000	Ÿ	.00	Ų	.00
	U	270		7,158.33		26.51	.004		1431.67		.11
HEMODIALYSIS CENTER	21		۲,		٠,			4		4	
@REHABILITATION FACILITY		141	\$	2,887.64	\$	20.48		Þ	137.51	Ş	.04
HOSPITAL BASED	2	3		208.86		69.62	.000		104.43		.00
INDEPENDENT FACILITY	19	138		2,678.78	4.	19.41	.002	4.	140.99	4.	.04
@LABORATORY FACILITY	870	2,534	\$		\$	18.23	.038	Ş	53.10	Ş	. 68
PATHOLOGY	870	2,534		46,197.12		18.23	.038		53.10		.68
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,680	7,013	\$		\$	95.53	.104	\$		\$	9.93
CLINIC	698	2,170		41,492.62		19.12	.032		59.45		.62
SURGICENTER	62	409		14,163.40		34.63	.006		228.44		.21
HEROIN DETOX CLINIC	2	14		175.95		12.57	.000		87.98		.00
RURAL HEALTH CLINIC	2,936	4,420		614,088.11		138.93	.066		209.16		9.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		RES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN		DEC	2003	PA	GE 2,728
MOP024	FEE-FOR-SERVICE										01/29/04
EL DORADO COUNTY		VICES FOR MEDICAI	T.Y	NEEDY - FAMILIES							,,
	501111111 01 5211	VIOLO I OIL IILD I OIL					M	ONT	HLY AVERA	GE -	
67,454 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	Δ1/1	RAGE COST	UNITS/DAY				OST PER
O7,454 EDIGIDES	OBERB	OR DAYS OF CARE		EXFENDITORES			PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	2,167	15,336	\$	169,725.72		11.07	.227		78.32	\$	2.52
	-		Ą		\$	145.44		Ą		Ą	
DURABLE MED. EQUIP.	54	139		20,216.03			.002		374.37		.30
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	441	5,327		76,003.29		14.27	.079		172.34		1.13
AMBULANCES/AIR TRANS	437	5,260		59,180.40		11.25	.078		135.42		.88
OTHER TRANS	1	21		56.51		2.69	.000		56.51		.00
OTHER SERVICES	11	46		16,766.38		364.49	.001		1524.22		. 25
ACUPUNCTURE	2	4		75.69		18.92	.000		37.85		.00

2,205

3,028,191.04

1373.33

.033

5275.59

44.89

574

COMM HOSP INPATIENT TOTAL

ADULT DAY HEALTH CARE CTR	1	5	347.90	69.58	.000	347.90	.01
GENETIC DISEASE TESTING	127	128	13,165.50	102.86	.002	103.67	.20
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	586	1,241	11,362.07	9.16	.018	19.39	.17
PHYSICAL THERAPIST	1	6	99.75	16.63	.000	99.75	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	23	30	1,829.91	61.00	.000	79.56	.03
PROSTHETICS	23	30	1,829.91	61.00	.000	79.56	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	17	2,857.11	168.07	.000	476.19	.04
HOSPICE SERVICES	1	3	403.89	134.63	.000	403.89	.01
NONINST BIRTHING CENTERS	0	0	78.64	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	907	3,983	38,745.02	9.73	.059	42.72	.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	43	4,453	4,540.92	1.02	.066	105.60	.07
@CALIF. CHILDREN SERVICES*	165	3,833	\$ 291,098.21	\$ 75.95	.057	\$ 1764.23	\$ 4.32
@XOVER EXCLUDING STATE HOSP**	138	680	\$ 16,560.24	\$ 24.35	.010	\$ 120.00	\$.25

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,729

MONITURE ATTENDACE

01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

					MON	NTHLY AVERA	GE	
80,194 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST I	PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIE	BLE
@TOTAL, ALL PROVIDERS	38,633	374,871 \$	23,622,481.57	\$ 63.01	4.675	\$ 611.46	\$ 294	.57
@PHYSICIANS SERVICES	13,337	31,531 \$	1,468,171.20	\$ 46.56	.393	\$ 110.08	\$ 18.	.31
OUTPATIENT VISITS	8,793	11,546	489,912.75	42.43	.144	55.72	6	.11
OFFICE VISITS	4,937	6,075	208,439.33	34.31	.076	42.22	2.	.60
HOME VISITS	1	1	80.10	80.10	.000	80.10		.00
EMERGENCY ROOM	3,445	3,979	209,615.16	52.68	.050	60.85	2.	.61
PREVENTIVE CARE	69	69	2,821.93	40.90	.001	40.90		.04
OB VISITS/COMPRE PERI	464	682	53,368.49	78.25	.009	115.02		.67
OTHER OUTPATIENT	608	740	15,587.74	21.06	.009	25.64		.19
INPATIENT VISITS	679	2,112	115,982.11	54.92	.026	170.81	1.	.45
HOSPITAL VISITS	636	1,749	76,427.01	43.70	.022	120.17		.95
CRITICAL CARE	50	330	38,464.12	116.56	.004	769.28		.48
SNF/ICF/TRANS IP CARE	25	33	1,090.98	33.06	.000	43.64		.01
OPHTHALMOLOGICAL SERVICES	91	112	4,907.48	43.82	.001	53.93		.06
EXAMINATIONS	79	95	4,446.48	46.81	.001	56.28		.06
SERVICES AND MATERIALS	17	17	461.00	27.12	.000	27.12		.01
INPATIENT HOSPITAL SURGERY	646	2,539	365,766.63	144.06	.032	566.20	4	.56
PRINCIPAL SURGEON	469	613	313,480.19	511.39	.008	668.40	3 .	.91
ASSISTANT SURGEON	67	69	12,754.68	184.85	.001	190.37		.16
ANESTHESIOLOGIST	186	1,857	39,531.76	21.29	.023	212.54		.49
OUTPATIENT SURGERY	1,022	2,614	167,408.72	64.04	.033	163.81	2.	.09
PRINCIPAL SURGEON	864	1,143	134,865.50	117.99	.014	156.09	1.	.68
ASSISTANT SURGEON	6	6	654.67	109.11	.000	109.11		.01
ANESTHESIOLOGIST	228	1,465	31,888.55	21.77	.018	139.86		.40
DIALYSIS	4	21	932.48	44.40	.000	233.12		.01
PATHOLOGY	1,451	2,076	42,782.67	20.61	.026	29.48		.53
RADIOLOGY	2,164	3,302	136,937.16	41.47	.041	63.28	1.	.71
PSYCHIATRY	1	6	87.54	14.59	.000	87.54		.00
IMMUNIZATION AND INJECTION	260	571	20,035.57	35.09	.007	77.06		.25
OTHER SERVICES/ALL X-OVERS	2,607	6,632	123,418.09	18.61	.083	47.34	1.	.54

@PHARMACY	21,729	101,681	\$ 4,703,184.39	\$ 46.25	1.268	\$ 216.45	\$ 58.65
PRESCRIPTION DRUGS	21,549	68,353	4,601,644.10	67.32	.852	213.54	57.38
SNF/ICF	2,822	17,984	854,660.81	47.52	.224	302.86	10.66
OUTPATIENTS	18,784	50,369	3,746,983.29	74.39	.628	199.48	46.72
MEDICAL SUPPLIES	1,045	33,328	101,540.29	3.05	.416	97.17	1.27
@DENTIST	4,532	20,184	\$ 864,797.88	\$ 42.85	.252	\$ 190.82	\$ 10.78
VISITS - DIAGNOSTIC	2,999	11,454	176,834.92	15.44	.143	58.96	2.21
ORAL SURGERY	638	1,271	71,692.75	56.41	.016	112.37	.89
DRUGS	39	48	1,090.00	22.71	.001	27.95	.01
ANESTHESIA	12	12	1,025.00	85.42	.000	85.42	.01
PERIODONTICS	257	268	28,790.00	107.43	.003	112.02	.36
ENDODONTICS	427	716	135,178.08	188.80	.009	316.58	1.69
RESTORATIVE DENTISTRY	1,732	5,471	372,942.73	68.17	.068	215.32	4.65
PROSTHETICS	15	16	430.00	26.88	.000	28.67	.01
DENTURES, STAYPLATES	186	658	62,261.02	94.62	.008	334.74	.78
SPACE MAINTAINERS	32	36	3,520.00	97.78	.000	110.00	.04

8 193.75 MAXILLOFACIAL SERVICES 8 1,550.00 .000 193.75 .02 0 0 FRACTURES, DISLOCATIONS .00 .00 .000 .00 .00 ORTHODONTIC SERVICES 68 96 8,658.38 90.19 .001 127.33 .11 105 130 7.86 .01 ALL OTHER SERVICES 825.00 6.35 .002 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,730

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

EL DORADO COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	LY NE	EEDY - TOTAL						
							Mo		GE	
80,194 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST				COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	996	2,979	\$	64,122.08	\$	21.52	.037	\$ 64.38	\$.80
DIAGNOSTIC AND ANC. PROCED	612	617		28,398.93		46.03	.008	46.40		.35
EYE APPLIANCES	801	2,285		34,069.25		14.91	.028	42.53		.42
OTHER OPTOMETRIC SERVICES	56	77		1,653.90		21.48	.001	29.53		.02
@CHIROPRACTOR	29	75	\$	1,249.82	\$	16.66	.001	\$ 43.10	\$.02
VISITS	29	75		1,249.82		16.66	.001	43.10		.02
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	390	415	\$	5,005.01	\$	12.06	.005	\$ 12.83	\$.06
MEDICINE/INJECTIONS	17	21		761.45		36.26	.000	44.79		.01
SURGERY/ANES.	2	3		110.99		37.00	.000	55.50		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000	17.30		.00
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	373	390		4,115.27		10.55	.005	11.03		.05
@HOME HEALTH AGENCY	109	6,810	\$	207,552.87	\$	30.48		\$ 1904.15	\$	2.59
NURSE ANESTHESIST	7	42	\$	400.37	\$	9.53	.001	\$ 57.20	\$.00
NURSE MIDWIFE	2	2	\$ \$	62.34	\$	31.17	.000	\$ 31.17	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	9	15	\$ \$	538.95	\$	35.93	.000	\$ 59.88	\$.01
@TOTAL HOSPITAL	9 9,040	40,902	\$	4,728,977.08		115.62	.510		\$	58.97
HOSP INPATIENT TOTAL	793	3,149	-	3,812,938.87	-	1210.84	.039	4808.25	-	47.55
HSC HOSPITALS	127	787		1,016,862.37		1292.07	.010	8006.79		12.68
NON-HSC HOSPITAL TOTAL	517	1,813		2,678,843.52		1477.58	.023	5181.52		33.40
ACCOMMODATIONS	503	1,813		901,889.68		497.46	.023	1793.02		11.25
ADMINISTRATIVE DAYS	3	45		9,945.90		221.02	.001	3315.30		.12
TRANSITIONAL IP CARE	Ω	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	501	1,768		891,943.78		504.49	.022	1780.33		11.12
ANCILLARIES	517	0		1,776,953.84		.00	.000	3437.05		22.16
INPATIENT CROSSOVERS	157	549		117,232.98		213.54	.007	746.71		1.46
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	8,633	37,753		916,038.21		24.26	.471	106.11		11.42
MEDICAL	1,081	1,608		46,997.79		29.23	.020	43.48		.59
SURGERY	597	691		24,764.51		35.84	.009	41.48		.31
PATHOLOGY	3,592	14,672		196,055.47		13.36	.183	54.58		2.44
RADIOLOGY	2,032	2,729		178,453.50		65.39	.034	87.82		2.23
ROOM USE	4,911	6,775		259,859.31		38.36	.084	52.91		3.24
CROSSOVERS/ALL OTH OUTPTNT	3,662	11,278		209,907.63		18.61	.141	57.32		2.62
@COUNTY HOSPITAL TOTAL	25	132	\$	58,343.87	\$	442.00		\$ 2333.75	\$.73
CO HOSPITAL INPATIENT TOTAL	5	49		54,490.05		1112.04	.001	10898.01		.68
HSC HOSPITALS	5	49		54,490.05		1112.04	.001	10898.01		.68
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	21	83		3,853.82		46.43	.001	183.52		.05
MEDICAL	5	7		327.71		46.82	.000	65.54		.00
SURGERY	5	6		622.16		103.69	.000	124.43		.01
PATHOLOGY	7	26		416.99		16.04	.000	59.57		.01

169.93 RADIOLOGY 3 679.72 .000 226.57 .01 14 19 895.03 47.11 63.93 .01 ROOM USE .000 21 912.21 43.44 114.03 .01 CROSSOVERS/ALL OTH OUTPTNT 8 .000 PAGE 2,731 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	Y NEEI	DY - TOTAL							
							N	TION	HLY AVERA	GE	
80,194 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AVER <i>I</i>	AGE COST	UNITS/DAY	ZS.	COST PER		COST PER
	OR I	AYS OF CARE			PER U	JNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,019		\$	4,670,633.21		114.56	.508		517.87	Ś	58.24
COMM HOSP INPATIENT TOTAL	788	3,100	•	3,758,448.82		212.40	.039	- T	4769.61	т.	46.87
HSC HOSPITALS	122	738		962,372.32		304.03	.009		7888.30		12.00
	517										
NON-HSC HOSPITALS TOTAL		1,813		2,678,843.52		177.58	.023		5181.52		33.40
ACCOMMODATIONS	503	1,813		901,889.68		197.46	.023		1793.02		11.25
ADMINISTRATIVE DAYS	3	45		9,945.90	2	221.02	.001		3315.30		.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	501	1,768		891,943.78		504.49	.022		1780.33		11.12
ANCILLARIES	517	0		1,776,953.84		.00	.000		3437.05		22.16
INPATIENT CROSSOVERS	157	549		117,232.98		213.54	.007		746.71		1.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8,616	37,670		912,184.39		24.22	.470		105.87		11.37
		•									
MEDICAL	1,076	1,601		46,670.08		29.15	.020		43.37		.58
SURGERY	592	685		24,142.35		35.24	.009		40.78		.30
PATHOLOGY	3,586	14,646		195,638.48		13.36	.183		54.56		2.44
RADIOLOGY	2,029	2,725		177,773.78		65.24	.034		87.62		2.22
ROOM USE	4,900	6,756		258,964.28		38.33	.084		52.85		3.23
CROSSOVERS/ALL OTH OUTPTNT	3,655	11,257		208,995.42		18.57	.140		57.18		2.61
@STATE HOSPITAL	0	·	\$.00		.00	.000	\$		\$.00
MENTALLY ILL	0	0	r	.00	•	.00	.000	Υ	.00	~	.00
DEVELOP. DISABLED	0	Ő		.00		.00	.000		.00		.00
	2,913		4					Ś		4	
@NURSING FACILITY		,	\$	10,176,258.08		107.72	1.178	Þ	3493.39	\$	126.90
LEV A-INTERMEDIATE	76	2,448		120,458.80		49.21	.031		1584.98		1.50
LEV B-REHAB MD	31	985		95,738.84		97.20	.012		3088.35		1.19
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,808	91,039		9,960,060.44	1	109.40	1.135		3547.03		124.20
@INTERMEDIATE CARE FACILDD	24	722	\$	87,547.07		121.26	.009	\$	3647.79	\$	1.09
ICF DDH	12	365	•	48,810.17		133.73	.005	•	4067.51	•	.61
ICF DD	12	357		38,736.90		108.51	.004		3228.08		.48
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	45		\$	40,110.04		122.29	.004	\$		\$.50
	0		7					Ą		Ą	
HOSPITAL BASED		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	45	328		40,110.04		122.29	.004		891.33		.50
@REHABILITATION FACILITY	41		\$	8,098.61		18.62	.005	\$	197.53	\$.10
HOSPITAL BASED	2	3		208.86		69.62	.000		104.43		.00
INDEPENDENT FACILITY	39	432		7,889.75		18.26	.005		202.30		.10
@LABORATORY FACILITY	938	2,937	\$	51,089.66	\$	17.40	.037	\$	54.47	\$.64
PATHOLOGY	927	2,894		50,982.04		17.62	.036		55.00		.64
XO AND OTHERS	11	43		107.62		2.50	.001		9.78		.00
@ORGANIZED OUTPATIENT CLINIC	4,014		\$	719,253.41		94.39	.095	\$		\$	8.97
CLINIC	707	2,182	7	41,857.38		19.18	.027	Y	59.20	Y	.52
	98	484				44.59	.006		220.23		.27
SURGICENTER				21,583.02							
HEROIN DETOX CLINIC	2	14		175.95	_	12.57	.000		87.98		.00
RURAL HEALTH CLINIC	3,226	4,940		655,637.06		132.72	.062		203.24		8.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONT	TH-OF-PAYMENT I	REPORT I	FOR JAN	2003 THRU	DEC	2003	F	AGE 2,732
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	Y NEEI	DY - TOTAL							
								#ONTED	TTT TZ 7 TTTT 7	an.	

----- MONTHLY AVERAGE -----80,194 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OF	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,452	63,721	\$ 496,062.71	\$ 7.78	.795	\$ 143.70	\$ 6.19
DURABLE MED. EQUIP.	191	898	91,204.51	101.56	.011	477.51	1.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	17	2,348.68	138.16	.000	180.67	.03
MEDICAL TRANSPORTATION	691	9,900	102,962.63	10.40	.123	149.01	1.28
AMBULANCES/AIR TRANS	520	6,096	69,452.33	11.39	.076	133.56	.87
OTHER TRANS	114	3,044	9,691.08	3.18	.038	85.01	.12
OTHER SERVICES	74	760	23,819.22	31.34	.009	321.88	.30
ACUPUNCTURE	2	4	75.69	18.92	.000	37.85	.00
ADULT DAY HEALTH CARE CTR	1	5	347.90	69.58	.000	347.90	.00
GENETIC DISEASE TESTING	127	128	13,165.50	102.86	.002	103.67	.16
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	81	478	40,484.54	84.70	.006	499.81	.50
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	806	1,711	16,970.13	9.92	.021	21.05	.21
PHYSICAL THERAPIST	1	6	99.75	16.63	.000	99.75	.00
PORTABLE X-RAY	57	124	821.18	6.62	.002	14.41	.01
PROSTHETIST/ORTHOTISTS	38	62	3,687.87	59.48	.001	97.05	.05
PROSTHETICS	38	62	3,687.87	59.48	.001	97.05	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	11	11	174.38	15.85	.000	15.85	.00
SPEECH AND AUDIOLOGY	44	112	11,747.75	104.89	.001	266.99	.15
HOSPICE SERVICES	41	1,360	108,508.63	79.79	.017	2646.55	1.35
NONINST BIRTHING CENTERS	0	0	78.64	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,016	10,453	69,282.63	6.63	.130	68.19	.86
EPSDT SUPPLEMENTAL SERVICE	1	4	117.64	29.41	.000	117.64	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	428	38,448	33,984.66	.88	.479	79.40	.42
@CALIF. CHILDREN SERVICES*	219	6,733	\$ 329,392.42	\$ 48.92		\$ 1504.07	\$ 4.11
@XOVER EXCLUDING STATE HOSP**	3,126	21,572	\$ 409,124.03	\$ 18.97	.269	\$ 130.88	\$ 5.10

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,733 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

DOMINANT OF DER	VICED FOR MIC NO DOC	OJ OT ZA TJ TA	111 311 71 02	OE OW		
				MON	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
1,704	20,408 \$	649,913.32	\$ 31.85	5.324 \$	381.40	\$ 169.56
664	1,687 \$	67,172.15	\$ 39.82	.440 \$	101.16	\$ 17.52
488	638	27,735.41	43.47	.166	56.83	7.24
250	301	10,392.58	34.53	.079	41.57	2.71
0	0	.00	.00	.000	.00	.00
233	284	15,191.90	53.49	.074	65.20	3.96
3	3	142.53	47.51	.001	47.51	.04
11	12	1,139.87	94.99	.003	103.62	.30
34	38	868.53	22.86	.010	25.55	.23
25	69	3,581.48	51.91	.018	143.26	.93
22	63	2,921.68	46.38	.016	132.80	.76
3	6	659.80	109.97	.002	219.93	.17
0	0	.00	.00	.000	.00	.00
3	5	196.48	39.30	.001	65.49	.05
3	5	196.48	39.30	.001	65.49	.05
0	0	.00	.00	.000	.00	.00
20	136	9,112.08	67.00	.035	455.60	2.38
11	20	6,501.30	325.07	.005	591.03	1.70
2	2	308.61	154.31	.001	154.31	.08
11	114	2,302.17	20.19	.030	209.29	.60
	USERS 1,704 664 488 250 0 233 3 11 34 25 22 3 0 3 3 0	USERS UNITS OF SERVICE OR DAYS OF CARE 1,704 20,408 \$ 664 1,687 \$ 488 638 250 301 0 0 233 284 3 3 11 12 34 38 25 69 22 63 3 6 0 0 0 3 55 3 55 0 0 0 20 136 11 20 2 2	USERS UNITS OF SERVICE OR DAYS OF CARE 1,704 20,408 \$ 649,913.32 664 1,687 \$ 67,172.15 488 638 27,735.41 250 301 10,392.58 0 0 0 .00 233 284 15,191.90 3 3 3 142.53 11 12 12 1,139.87 34 38 868.53 25 69 3,581.48 22 63 2,921.68 3 6 659.80 0 0 0 .00 3 5 196.48 3 5 196.48 0 0 0 0 0 20 136 9,112.08 11 20 6,501.30 2 2 308.61	USERS UNITS OF SERVICE OR DAYS OF CARE 1,704 20,408 \$ 649,913.32 \$ 31.85 664 1,687 \$ 67,172.15 \$ 39.82 488 638 27,735.41 43.47 250 301 10,392.58 34.53 0 0 0 .00 .00 .00 233 284 15,191.90 53.49 3 3 142.53 47.51 11 12 1,139.87 94.99 34 38 868.53 22.86 25 69 3,581.48 51.91 22 63 868.53 22.86 25 69 3,581.48 51.91 22 63 2,921.68 46.38 3 6 659.80 109.97 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 1,704 20,408 \$ 649,913.32 \$ 31.85 5.324 \$ 664 1,687 \$ 67,172.15 \$ 39.82 .440 \$ 488 638 27,735.41 43.47 .166 250 301 10,392.58 34.53 .079 0 0 0 .00 .00 .000 .233 284 15,191.90 53.49 .074 3 3 142.53 47.51 .001 11 12 1,139.87 94.99 .003 34 38 868.53 22.86 .010 25 69 3,581.48 51.91 .018 22 63 2,921.68 46.38 .016 3 66 659.80 109.97 .002 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE 1,704 20,408 \$ 649,913.32 \$ 31.85 5.324 \$ 381.40 \$ 101.16 \$ 488 638 27,735.41 43.47 .166 56.83 250 301 10,392.58 34.53 .079 41.57 0 0 0 .00 .00 .000 .000 .000 233 284 15,191.90 53.49 .074 65.20 3 11.1 1 12 1,139.87 94.99 .003 103.62 34 38 8 86.53 22.86 .010 25.55 25 69 3,581.48 51.91 .018 143.26 22 63 2,921.68 46.38 .016 132.80 3 6 6 659.80 109.97 .002 219.93 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

OUTPATIENT SURGERY	71	161	11,976.15	74.39	.042	168.68		3.12
PRINCIPAL SURGEON	64	82	10,567.85	128.88	.021	165.12		2.76
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	8	79	1,408.30	17.83	.021	176.04		.37
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	74	97	1,784.40	18.40	.025	24.11		.47
RADIOLOGY	154	258	6,877.93		.067	44.66		1.79
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	12	13	2,350.55	180.81	.003	195.88		.61
OTHER SERVICES/ALL X-OVERS	61	310	3,557.65	11.48	.081	58.32		.93
@PHARMACY	803	1,836 \$	103,692.15	5 \$ 56.48	.479 \$	129.13	\$	27.05
PRESCRIPTION DRUGS	800	1,806	102,637.13	56.83	.471	128.30		26.78
SNF/ICF	10	47	5,095.91	108.42	.012	509.59		1.33
OUTPATIENTS	791	1,759	97,541.22	55.45	.459	123.31		25.45
MEDICAL SUPPLIES	19	30	1,055.02	35.17	.008	55.53		.28
@DENTIST	227	1,132 \$	48,366.65	7 \$ 42.73	.295 \$	213.07	\$	12.62
VISITS - DIAGNOSTIC	141	631	9,403.00	14.90	.165	66.69		2.45
ORAL SURGERY	34	81	7,251.00	89.52	.021	213.26		1.89
DRUGS	1	1	25.00	25.00	.000	25.00		.01
ANESTHESIA	1	1	100.00	100.00	.000	100.00		.03
PERIODONTICS	4	4	365.00	91.25	.001	91.25		.10
ENDODONTICS	19	45	8,420.00	187.11	.012	443.16		2.20
RESTORATIVE DENTISTRY	91	333	21,343.00	64.09	.087	234.54		5.57
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	5	242.00	48.40	.001	242.00		.06
SPACE MAINTAINERS	4	4	351.00	87.75	.001	87.75		.09
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00		.04
ORTHODONTIC SERVICES	10	12	651.65	54.31	.003	65.17		.17
ALL OTHER SERVICES	8	14	75.00	5.36	.004	9.38		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAM	N 2003 THRU DEC	2003	PAGI	, -
MOP024	FEE-FOR-SERVICE/DENTA	L					(01/29/04

							1.1	OIVI	11111 11111111	ш	
3,833 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	C		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	39	103	\$	2,416.45	\$	23.46	.027	\$	61.96	\$.63
DIAGNOSTIC AND ANC. PROCED	29	29		1,311.68		45.23	.008		45.23		.34
EYE APPLIANCES	27	73		1,080.77		14.81	.019		40.03		.28
OTHER OPTOMETRIC SERVICES	1	1		24.00		24.00	.000		24.00		.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000	-	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	11	194	\$	6,553.79	\$	33.78	.051	\$	595.80	\$	1.71
NURSE ANESTHESIST	1	9	\$	137.97	\$	15.33	.002	\$	137.97	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	409	2,140	\$	362,244.52	\$	169.27	.558	\$	885.68	\$	94.51
HOSP INPATIENT TOTAL	28	141		309,285.83		2193.52	.037		11045.92		80.69
HSC HOSPITALS	7	33		37,726.00		1143.21	.009		5389.43		9.84
NON-HSC HOSPITAL TOTAL	22	108		271,559.83		2514.44	.028		12343.63		70.85
ACCOMMODATIONS	21	108		60,834.96		563.29	.028		2896.90		15.87
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----

EL DORADO COUNTY

ALL OTHER ACCOM	21	108	60,834.96	5	63.29	.02	3	2896.90	15.87
ANCILLARIES	22	0	210,724.87	-	.00	.00		9578.40	54.98
INPATIENT CROSSOVERS	0	0	.00		.00	.00		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.00		.00	.00
HOSP OUTPATIENT TOTAL	397	1,999	52,958.69		26.49	.52	2	133.40	13.82
MEDICAL	68	91	1,549.05		17.02	.02	4	22.78	.40
SURGERY	43	51	1,655.17		32.45	.01	3	38.49	.43
PATHOLOGY	176	796	11,135.82		13.99	.20	3	63.27	2.91
RADIOLOGY	148	222	12,716.90		57.28	.05	3	85.93	3.32
ROOM USE	302	407	16,159.77		39.70	.10	5	53.51	4.22
CROSSOVERS/ALL OTH OUTPTNT	178	432	9,741.98		22.55	.11	3	54.73	2.54
@COUNTY HOSPITAL TOTAL	4	14	\$ 423.20	\$	30.23	.00	4 :	\$ 105.80	\$.11
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.00	C	.00	.00
HSC HOSPITALS	0	0	.00		.00	.00	C	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.00)	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.00	C	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000				.00
ALL OTHER INPATIENT	0	14		.00					.00		
CO HOSP OUTPATIENT TOTAL	4			423.20		30.23	.004		105.80		.11
MEDICAL	2	2		48.18		24.09	.001		24.09		.01
SURGERY	2	∠		58.78		29.39	.001		29.39		.02
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	3		67.74		22.58	.001		33.87		.02
ROOM USE	2	3		201.50		67.17	.001		100.75		.05
CROSSOVERS/ALL OTH OUTPTNT		4		47.00		11.75	.001		47.00		.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	S MC	ONTH-OF-PAYMENT R	KEPORT	' FOR JAN	2003 THRU	DEC	2003	PA	AGE 2,735
MOP024	FEE-FOR-SERVICE										01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MIC - NO) SOC	C 03 04 2A 45 4A	4K 4M	I 5K 7T 82					
									HLY AVERA		
3,833 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	405	2,126	\$	361,821.32	\$	170.19		\$		\$	94.40
COMM HOSP INPATIENT TOTAL	28	141		309,285.83		2193.52	.037		11045.92		80.69
HSC HOSPITALS	7	33		37,726.00		1143.21	.009		5389.43		9.84
NON-HSC HOSPITALS TOTAL	22	108		271,559.83		2514.44	.028		12343.63		70.85
ACCOMMODATIONS	21	108		60,834.96		563.29	.028		2896.90		15.87
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	108		60,834.96		563.29	.028		2896.90		15.87
ANCILLARIES	22	0		210,724.87		.00	.000		9578.40		54.98
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	393	1,985		52,535.49		26.47	.518		133.68		13.71
MEDICAL	66	89		1,500.87		16.86	.023		22.74		.39
SURGERY	41	49		1,596.39		32.58	.013		38.94		.42
PATHOLOGY	176	796		11,135.82		13.99	.208		63.27		2.91
RADIOLOGY	146	219		12,649.16		57.76	.057		86.64		3.30
ROOM USE	300	404		15,958.27		39.50	.105		53.19		4.16
CROSSOVERS/ALL OTH OUTPTNT	177	428		9,694.98		22.65	.112		54.77		2.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	•	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	Ō	0		.00		.00	.000		.00	•	.00
HEMODIALYSIS CENTER	Ö	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
UOCDITAI DACED	0	0		0.0	т.	00	000	т	00		00

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INDEPENDENT FACILITY

HOSPITAL BASED

XO AND OTHERS

@LABORATORY FACILITY PATHOLOGY

@ORGANIZED OUTPATIENT CLINIC	221	429 \$	36,252.00 \$	84.50	.112 \$	164.04	\$ 9.46
CLINIC	44	171	2,826.84	16.53	.045	64.25	.74
SURGICENTER	3	10	333.34	33.33	.003	111.11	.09
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	176	248	33,091.82	133.43	.065	188.02	8.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 2003	THRU DEC	2003	PAGE 2,736
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES F	OR MIC - NO	SOC 03 04 2A 45 4A 4K 4	M 5K 7T 82 8E	8W		

----- MONTHLY AVERAGE -----3,833 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE 20,008.82 \$ 1.57 3.323 \$ 162.67 \$ 5.22 3,169.43 198.09 .004 396.18 .83 .00 .00 .00 .000 .00 .00 OR DAYS OF CARE 12,736 \$ 16 @ALL OTHER PROVIDERS 123 8 DURABLE MED. EQUIP. 0 0 BLOOD BANK 0 32 32 0 0 0 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION 395 2.29 AMBULANCES/AIR TRANS 393 1.36 0 .00 OTHER TRANS 2 .94 OTHER SERVICES ACUPUNCTURE 0 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING 3 3 .07 6 IHMC, MODEL-NF, NF, AIDS, MSSP .01 0 60 0 OCCUPATIONAL THERAPIST 0 .00 OPTICIAN .15 PHYSICAL THERAPIST .00 PORTABLE X-RAY Ω .00 PROSTHETIST/ORTHOTISTS .00 PROSTHETICS ORTHOTICS .00 PSYCHOLOGIST 0 .00 0 0 0 0 0 35 0 0 0 0 SPEECH AND AUDIOLOGY .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS . 00 LOCAL EDUCATION AGENCIES .96 PED SUBACUTE REHAB/WEANING 0 0
ALL OTHER PROVIDERS 13 11,701

@CALIF. CHILDREN SERVICES* 18 112 \$
@XOVER EXCLUDING STATE HOSP** 0 0 \$
@* TOTALS IN THESE LINES ARE GIVEN AS A CERTAIN THE AMOUNTED AS A EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 3,469.87 .00 .00 .00 .000 .00 3.053 266.91 .029 \$ 2694.99 \$.30 .91 112 \$ 0 \$ 48,509.76 \$ 433.12 12.66 .00 \$.00 .000 \$.00 \$.00

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,737 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 EL DORADO COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

						MON	ITHLY AVERA	GE
74 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	144	911	\$	98,758.21	\$ 108.41	12.311	685.82	\$ 1334.57
@PHYSICIANS SERVICES	87	448	\$	14,660.12	\$ 32.72	6.054	168.51	\$ 198.11
OUTPATIENT VISITS	40	41		2,199.29	53.64	.554	54.98	29.72
OFFICE VISITS	8	8		376.82	47.10	.108	47.10	5.09
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	31	32		1,801.54	56.30	.432	58.11	24.35
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		20.93	20.93	.014	20.93	.28
INPATIENT VISITS	6	24		1,078.71	44.95	.324	179.79	14.58

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	16	207		5,999.64		28.98	2.797		374.98		81.08
PRINCIPAL SURGEON	8	19		3,222.66		169.61	.257		402.83		43.55
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	11	188		2,776.98		14.77	2.541		252.45		37.53
OUTPATIENT SURGERY	18	82		2,783.33		33.94	1.108		154.63		37.61
	12	18		-		91.31			136.97		22.21
PRINCIPAL SURGEON				1,643.65			.243				
ASSISTANT SURGEON	1	1		13.54		13.54	.014		13.54		.18
ANESTHESIOLOGIST	/	63		1,126.14		17.88	.851		160.88		15.22
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	./	_7		240.27		34.32	.095		34.32		3.25
RADIOLOGY	20	75		1,989.98		26.53	1.014		99.50		26.89
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		5.45		5.45	.014		5.45		.07
OTHER SERVICES/ALL X-OVERS	10	11		363.45		33.04	.149		36.35		4.91
@PHARMACY	11	30	\$	1,055.45	\$	35.18	.405	\$	95.95	\$	14.26
PRESCRIPTION DRUGS	11	30	•	1,055.45	·	35.18	.405		95.95		14.26
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	11	30		1,055.45		35.18	.405		95.95		14.26
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	10	79	\$	2,357.00	\$	29.84	1.068	\$	235.70	Ġ	31.85
	6	44	Ą		Ą	4.91	.595	Ą	36.00	Ą	2.92
VISITS - DIAGNOSTIC	9			216.00					306.00		
ORAL SURGERY	0	8		918.00		114.75	.108				12.41
DRUGS	U	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	5		908.00		181.60	.068		454.00		12.27
RESTORATIVE DENTISTRY	4	22		315.00		14.32	.297		78.75		4.26
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	Ô		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	Ô		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	-	C M		TDODT			חבכ		г	PAGE 2,738
			ro M	ONIH-OF-PAIMENT RE	PORI	FOR JAN	2003 IHRU	DEC	2003	P	
MOP024	FEE-FOR-SERVICE/DEN					3.TD G0DE	0.2				01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR MIC - SC	JC.			AID CODE				~-	
									HLY AVERA		
74 ELIGIBLES		TS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
	OR	DAYS OF CARE			PER	- ,	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
VISITS	0	0	т.	.00	т.	.00	.000	4	.00	т.	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	۲	.00	Y	.00	.000	Ą	.00	ų	.00
	•	· ·									
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00	_	.00	.000	٠.	.00	.8.	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL VISITS

CRITICAL CARE

6

0

24

0

1,078.71

44.95

.00

.324

.000

179.79

.00

14.58

.00

NURSE MIDWIFE	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 5	Ş	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	56	281	Ş	77,081.45	Ş	274.31		\$ 1376.45	\$	1041.64
HOSP INPATIENT TOTAL	8	26		70,838.45		2724.56	.351	8854.81		957.28
HSC HOSPITALS	1	7		7,550.00		1078.57	.095	7550.00		102.03
NON-HSC HOSPITAL TOTAL	7	19		63,288.45		3330.97	. 257	9041.21		855.25
ACCOMMODATIONS	7	19		14,353.62		755.45	.257	2050.52		193.97
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	7	19		14,353.62		755.45	.257	2050.52		193.97
ANCILLARIES	7	0		48,934.83		.00	.000	6990.69		661.28
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	51	255		6,243.00		24.48	3.446	122.41		84.36
MEDICAL	8	13		208.40		16.03	.176	26.05		2.82
SURGERY	11	11		334.33		30.39	.149	30.39		4.52
PATHOLOGY	22	81		875.39		10.81	1.095	39.79		11.83
RADIOLOGY	24	33		2,076.81		62.93	.446	86.53		28.07
ROOM USE	40	54		2,039.09		37.76	.730	50.98		27.56
CROSSOVERS/ALL OTH OUTPINT	29	63		708.98		11.25	.851	24.45		9.58
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	~	.00		.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MOI	N.I.H-OFPAYMEN.I. K	EPOR	T FOR JAN 2	2003 THRU D	EC 2003	Р	AGE 2,739
MOP024	FEE-FOR-SERVICE		<u> </u>			ATD CODE	0.2			01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MIC - SO	C .			AID CODE		NICHILL A TABLE	O.D.	
74 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7	ERAGE COST		NTHLY AVERA COST PER		COST PER
/4 FIIGIBLES	USERS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	56		\$	77,081.45	\$	274.31		\$ 1376.45		
COMM HOSP INPATIENT TOTAL	8	26	Y	70,838.45	Y	2724.56	.351	8854.81	Ÿ	957.28
HSC HOSPITALS	1	7		7,550.00		1078.57	.095	7550.00		102.03
NON-HSC HOSPITALS TOTAL	7	19		63,288.45		3330.97	.257	9041.21		855.25
ACCOMMODATIONS	, 7	19		14,353.62		755.45	.257	2050.52		193.97
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	7	19		14,353.62		755.45	.257	2050.52		193.97
ANCILLARIES	7	0		48,934.83		.00	.000	6990.69		661.28
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	51	255		6,243.00		24.48	3.446	122.41		84.36
MEDICAL	8	13		208.40		16.03	.176	26.05		2.82
SURGERY	11	11		334.33		30.39	.149	30.39		4.52
PATHOLOGY	22	81		875.39		10.81	1.095	39.79		11.83

RADIOLOGY	24	33	2,076.81	62.93	.446	86.53	28.07
ROOM USE	40	54	2,039.09	37.76	.730	50.98	27.56
CROSSOVERS/ALL OTH OUTPINT	29	63	708.98	11.25	.851	24.45	9.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	Υ	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0 4	.00	.00	.000	.00	٧	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	5 \$	43.09	\$ 8.62	.068 \$		\$.58
PATHOLOGY	2	5 Ş	43.09	8.62	.068	21.55	Ą	.58
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	8 \$	761.61	\$ 95.20	.108 \$		\$	10.29
	5	0 9	.00	•	•	.00	Ą	.00
CLINIC	0	U		.00	.000	115.92		
SURGICENTER HEROIN DETOX CLINIC	2	5	231.83	46.37	.068	.00		3.13
	3	3			.000			
RURAL HEALTH CLINIC			529.78	176.59	.041	176.59	D 7 (7.16
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R.	EPORT FOR JAN	2003 THRU DEC	2 2003	PAC	GE 2,740
MOP024	FEE-FOR-SERVICE			ATD COD	п 00			01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MIC - SOC		AID COD			2.0	
74 FITCIDIES	USERS	INITES OF SERVICE	EADEMDIATIOEC	ATTED ACE COC	MONT			
74 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER USER		OST PER
ANII OTHER PROMINERS	10	OR DAYS OF CARE	2,799.49	PER UNIT/DA	.811 \$		\$	LIGIBLE 37.83
@ALL OTHER PROVIDERS DURABLE MED. EOUIP.	1	60 \$	38.26	\$ 46.66 19.13	.027	38.26	Ą	.52
~	0	2 0	.00	.00	.000	.00		.00
BLOOD BANK	0	0						
HEARING AID DISPENSERS	U	52	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	8	52 51	2,689.95	51.73	.703	336.24		36.35
AMBULANCES/AIR TRANS	8	21	889.95	17.45	.689	111.24		12.03
OTHER TRANS	0	1	.00 1,800.00	.00 1800.00	.000 .014	.00 1800.00		.00 24.32
OTHER SERVICES	1		•		.000			.00
ACUPUNCTURE	0	0	.00	.00		.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	U	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	1	6	71.28	11.88	.081	71.28		.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .000	.00		.00
ALL OTHER PROVIDERS	ŭ		.00	.00		.00	4	.00
@CALIF. CHILDREN SERVICES*	0	0 \$ 0 \$.00	\$.00	.000 \$.00		.00
@XOVER EXCLUDING STATE HOSP**		7		\$.00	.000 \$.00	Ş	.00
@* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN								
** THESE DATA ARE INCLUDED I								
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES		דייי בטטע דיייי	טטט המסנו טטע	2002	DAC	GE 2,741
MOP024	FEE-FOR-SERVICE		MONTH-OF-PAIMENT R.	ELOKI LOK UAN	ZOOS IUKO DEC		PAC	01/29/04
EL DORADO COUNTY		ICES FOR MEDICALLY	INDICENT - CUILDED	N – TOTAT				01/49/04
EL DONADO COUNTI	SOUTH OF SERV	TORS FOR MEDICALLY	TINDIGENI - CHINDRE	M - IOIAD	MONT	יאד.ע אינהם אי	3E	
3,907 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS			OST PER
3,70, 111011110	ODLIND	OR DAYS OF CARE		PER UNIT/DA		USER		LIGIBLE
		on bill of orme		ILIC SIVII, DA				

OMOMAL ALL DROLLDERS	1 040	01 210 4		E40 (E1 E2	4	25 10	- 4		405 10		101 60
@TOTAL, ALL PROVIDERS	1,848	21,319 \$		748,671.53	\$	35.12	5.457		405.13	\$	191.62
@PHYSICIANS SERVICES	751	2,135 \$		81,832.27	\$	38.33		\$	108.96	\$	20.95
OUTPATIENT VISITS	528	679		29,934.70		44.09	.174		56.69		7.66
OFFICE VISITS	258	309		10,769.40		34.85	.079		41.74		2.76
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	264	316		16,993.44		53.78	.081		64.37		4.35
PREVENTIVE CARE	3	3		142.53		47.51	.001		47.51		.04
OB VISITS/COMPRE PERI	11	12		1,139.87		94.99	.003		103.62		.29
OTHER OUTPATIENT	35	39		889.46		22.81	.010		25.41		.23
INPATIENT VISITS	31	93		4,660.19		50.11	.024		150.33		1.19
HOSPITAL VISITS	28	87		4,000.39		45.98	.022		142.87		1.02
	3	6		659.80		109.97	.002		219.93		.17
CRITICAL CARE	0										
SNF/ICF/TRANS IP CARE	-	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3	5 5		196.48		39.30	.001		65.49		.05
EXAMINATIONS	3			196.48		39.30	.001		65.49		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	36	343		15,111.72		44.06	.088		419.77		3.87
PRINCIPAL SURGEON	19	39		9,723.96		249.33	.010		511.79		2.49
ASSISTANT SURGEON	2	2		308.61		154.31	.001		154.31		.08
ANESTHESIOLOGIST	22	302		5,079.15		16.82	.077		230.87		1.30
OUTPATIENT SURGERY	89	243		14,759.48		60.74	.062		165.84		3.78
PRINCIPAL SURGEON	76	100		12,211.50		122.12	.026		160.68		3.13
ASSISTANT SURGEON	1	1		13.54		13.54	.000		13.54		.00
ANESTHESIOLOGIST	15	142		2,534.44		17.85	.036		168.96		.65
	0	0		.00		.00	.000		.00		
DIALYSIS											.00
PATHOLOGY	81	104		2,024.67		19.47	.027		25.00		.52
RADIOLOGY	174	333		8,867.91		26.63	.085		50.97		2.27
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	13	14		2,356.02		168.29	.004		181.23		.60
OTHER SERVICES/ALL X-OVERS	71	321		3,921.10		12.22	.082		55.23		1.00
@PHARMACY	814	1,866 \$		104,747.60	\$	56.13	.478	\$	128.68	\$	26.81
PRESCRIPTION DRUGS	811	1,836		103,692.58		56.48	.470		127.86		26.54
SNF/ICF	10	47		5,095.91		108.42	.012		509.59		1.30
OUTPATIENTS	802	1,789		98,596.67		55.11	.458		122.94		25.24
MEDICAL SUPPLIES	19	30		1,055.02		35.17	.008		55.53		. 27
@DENTIST	237	1,211 \$		50,723.67	\$	41.89	.310	Ś	214.02	Ś	12.98
VISITS - DIAGNOSTIC	147	675		9,619.00	٧	14.25	.173	٧	65.44	٧	2.46
ORAL SURGERY	37	89		8,169.00		91.79	.023		220.78		2.09
	1	1		-		25.00	.000		25.00		.01
DRUGS	1	1		25.00							
ANESTHESIA				100.00		100.00	.000		100.00		.03
PERIODONTICS	4	4		365.00		91.25	.001		91.25		.09
ENDODONTICS	21	50		9,328.00		186.56	.013		444.19		2.39
RESTORATIVE DENTISTRY	95	355		21,658.00		61.01	.091		227.98		5.54
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	5		242.00		48.40	.001		242.00		.06
SPACE MAINTAINERS	4	4		351.00		87.75	.001		87.75		.09
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	1		140.00		140.00	.000		140.00		.04
ORTHODONTIC SERVICES	10	12		651.67		54.31	.003		65.17		.17
ALL OTHER SERVICES	8	14		75.00		5.36	.004		9.38		.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONT		:POR					PΔ	AGE 2,742
	FEE-FOR-SERVICE			01 1111111111 111	0				2005		01/29/04
		ICES FOR MEDICALLY	TMDT	CENT - CHILDREN	т _	TOTAT.					01/25/01
EL DORADO COUNTI	BUNNART OF BERV	ICES FOR MEDICALLI	TINDT	GENI CHILDREN	•	IOIAL	1	√\NTT	HLY AVERA	CF _	
3,907 ELIGIBLES	USERS	INITE OF CEDITOR		EXPENDITURES	7.7	ERAGE COST					COST PER
2,301 FITGIDES	CAIGU	UNITS OF SERVICE		PVERINDITOURS							
AODTOMETD I CT	20	OR DAYS OF CARE		2 416 45		ER UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	39	103 \$		2,416.45	\$	23.46	.026	Ş	61.96	Þ	.62
DIAGNOSTIC AND ANC. PROCED	29	29		1,311.68		45.23	.007		45.23		.34
EYE APPLIANCES	27	73		1,080.77		14.81	.019		40.03		.28
OTHER OPTOMETRIC SERVICES	1	1		24.00		24.00	.000		24.00		.01

@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	•	.00	.000	.00	•	.00
OTHER SERVICES	Õ	0	.00		.00	.000	.00		.00
				4.				4.	
@PODIATRIST	0	0 \$.00	.000	•	Ş	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
	-	•							
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	11	194 \$	6,553.79	\$	33.78	.050		\$	1.68
NURSE ANESTHESIST	1	9 \$	137.97	\$	15.33	.002	\$ 137.97	\$.04
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000		\$.00
	-	- T							
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	465	2,421 \$	439,325.97	\$	181.46	.620		\$	112.45
HOSP INPATIENT TOTAL	36	167	380,124.28		2276.19	.043	10559.01		97.29
HSC HOSPITALS	8	40	45,276.00		1131.90	.010	5659.50		11.59
NON-HSC HOSPITAL TOTAL	29	127	334,848.28		2636.60	.033	11546.49		85.70
ACCOMMODATIONS	28	127	75,188.58		592.04	.033	2685.31		19.24
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	28	127	75,188.58		592.04	.033	2685.31		19.24
ANCILLARIES	29	0	259,659.70		.00	.000	8953.78		66.46
	0	0							
INPATIENT CROSSOVERS	-	_	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	448	2,254	59,201.69		26.27	.577	132.15		15.15
MEDICAL	76	104	1,757.45		16.90	.027	23.12		.45
SURGERY	54	62	1,989.50		32.09	.016	36.84		.51
PATHOLOGY	198	877	12,011.21		13.70	.224	60.66		3.07
RADIOLOGY	172	255	14,793.71		58.01	.065	86.01		3.79
ROOM USE	342	461	18,198.86		39.48	.118	53.21		4.66
CROSSOVERS/ALL OTH OUTPTNT	207	495	10,450.96		21.11	.127	50.49		2.67
@COUNTY HOSPITAL TOTAL	4	14 \$	423.20	\$	30.23	.004	\$ 105.80	Ġ	.11
CO HOSPITAL INPATIENT TOTAL	0	0 '	.00	•	.00	.000	.00	•	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
	0	0							
NON-HSC HOSPITALS TOTAL		U	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
	0	0							
INPATIENT CROSSOVERS	U	U	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	14	423.20		30.23	.004	105.80		.11
MEDICAL	2	2	48.18		24.09	.001	24.09		.01
SURGERY	2	2	58.78		29.39	.001	29.39		.02
PATHOLOGY	0	0	.00		.00	.000	.00		.00
	0	0							
RADIOLOGY	2	3	67.74		22.58	.001	33.87		.02
ROOM USE	2	3	201.50		67.17	.001	100.75		.05
CROSSOVERS/ALL OTH OUTPTNT	1	4	47.00		11.75	.001	47.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	r for Jan	2003 THRU	DEC 2003	P.	
MOP024	FEE-FOR-SERVICE								01/29/04
EL DORADO COUNTY		VICES FOR MEDICALLY	TNDTCENT CUTIDA	י דאים	T∩T'N T				01/25/01
EL DORADO COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLI	INDIGENT - CHILDRE	EIN	IOIAL				
							ONTHLY AVERA		
3,907 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES						COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	461	2,407 \$	438,902.77	\$	182.34	.616	\$ 952.07	\$	112.34
COMM HOSP INPATIENT TOTAL	36	167	380,124.28		2276.19			т.	97.29
HSC HOSPITALS	8	40	45,276.00		1121 00	010	5659.50		11.59
							00000.00		エエ・ジラ
					2636.60	023			05 70
NON-HSC HOSPITALS TOTAL	29	127	334,848.28		1131.90 2636.60		11546.49		85.70
ACCOMMODATIONS					2636.60 592.04	.033			85.70 19.24

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	28	127		75,188.58		592.04	.033		2685.31		19.24
	29	0		259,659.70			.000		8953.78		66.46
ANCILLARIES				'		.00					
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	444	2,240		58,778.49		26.24	.573		132.38		15.04
MEDICAL	74	102		1,709.27		16.76	.026		23.10		.44
SURGERY	52	60		1,930.72		32.18	.015		37.13		.49
PATHOLOGY	198	877		12,011.21		13.70	.224		60.66		3.07
RADIOLOGY	170	252		14,725.97		58.44	.064		86.62		3.77
ROOM USE	340	458		17,997.36		39.30	.117		52.93		4.61
CROSSOVERS/ALL OTH OUTPTNT		491		10,403.96		21.19	.126		50.50		2.66
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0 \$	Ś	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	Υ	.00	Υ	.00	.000	Τ.	.00	Ψ.	.00
LEV B-REHAB MD	0	Ö		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	U			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000		.00	•	.00
ICF DD	0	Ö		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		4		d			4		4	
@HEMODIALYSIS TOTAL	U		\$.00	Ş	.00	.000	Ş	.00	\$.00
HOSPITAL BASED	Ü	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	62	147 \$	\$	3,111.89	\$	21.17	.038	\$	50.19	\$.80
PATHOLOGY	62	147		3,111.89	·	21.17	.038		50.19		.80
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	226		\$	37,013.61	\$	84.70	.112	Ġ	163.78	\$	9.47
CLINIC CLINIC	44	171	Ą	•	Ą	16.53	.044	Ą	64.25	Ą	.72
				2,826.84							
SURGICENTER	5	15		565.17		37.68	.004		113.03		.14
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	179	251		33,621.60		133.95	.064		187.83		8.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	S MC	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 2,744
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	Y IN	NDIGENT - CHILDREN	1 – 1	COTAL					
							M	TNO	HLY AVERA	GE	
3,907 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	ZS	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIC	1	USER		ELIGIBLE
@ALL OTHER PROVIDERS	133	12,796 \$	\$	22,808.31	\$	1.78	3.275	Ġ	171.49	Ś	5.84
DURABLE MED. EQUIP.	9	18	•	3,207.69	-T	178.21	.005	т.	356.41	т.	.82
BLOOD BANK	Ő	0		.00		.00	.000		.00		.00
	0	0									
HEARING AID DISPENSERS				.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	40	447		11,486.19		25.70	.114		287.15		2.94
AMBULANCES/AIR TRANS	40	444		6,086.19		13.71	.114		152.15		1.56
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	3	3		5,400.00		1800.00	.001		1800.00		1.38
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	3	3		262.50		87.50	.001		87.50		.07
IHMC, MODEL-NF, NF, AIDS, MSSP	4	6		56.46		9.41	.002		14.12		.01
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL INDIVATION	U	U		.00		.00	.000		.00		.00

OPTICIAN	30	60	559.71	9.33	.015	18.66	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	36	561	3,765.89	6.71	.144	104.61	.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	11,701	3,469.87	.30	2.995	266.91	.89
@CALIF. CHILDREN SERVICES*	18	112	\$ 48,509.76	\$ 433.12	.029	\$ 2694.99	\$ 12.42

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,745 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO	SOC -	AID PAID PENDI	NG AID CODE			~-	
							THLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	-	OST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	5	.00	\$.00	.000	.00	\$.00
@PHYSICIANS SERVICES	0	0 \$	5	.00	\$.00	.000	.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0							
SERVICES AND MATERIALS	•	· ·		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0 \$	3	.00	\$.00	.000	.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0 \$	3	.00	\$.00	.000	.00	Ś	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	•	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	n	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0							
ALL OTHER SERVICES	U	U		.00	.00	.000	.00		.00

PAGE 2,746

01/29/04

MOFUZE	CINANA DI CE CEDITALE	N/ T 7	NO GOG	AID DAID DENET		TD CODE	0.1			01/29/05
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SOC	- AID PAID PENDI	.NG A	AID CODE		NTITUTE 17 NEED 3	aп	
00		- ~	_			~- ~~~-		NTHLY AVERA	GE	~~~~~
00 ELIGIBLES		F SERVIC		EXPENDITURES				COST PER		COST PER
		S OF CAR					PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0	·	.00	'	.00	.000	.00		.00
OTHER SERVICES	0	Ö		.00		.00	.000	.00		.00
@PODIATRIST	Ô	0	\$.00	Ċ	.00	.000		\$.00
MEDICINE/INJECTIONS	0	0	Ÿ	.00	Y	.00	.000	.00	Y	.00
	0	0					.000			
SURGERY/ANES.	0			.00		.00		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0	4.	.00		.00	.000	.00	4.	.00
@HOME HEALTH AGENCY	0	0	\$.00	Ş	.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	·	.00	•	.00	.000	.00		.00
HSC HOSPITALS	0	Ö		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
	0	0								
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ō		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	Ö	\$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ψ.	.00	٧	.00	.000	.00	Υ.	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
	0	0						.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000			
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	Ü	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	Õ		.00		.00	.000	.00		.00
RADIOLOGY	ñ	n		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	MEDI CAI CEDITCEC AND E	0	DEC MON		י ייים ביי				_	.UU .NCE 2 745

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 2,747

MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL EL DORADO COUNTY

EL DORADO COUNTY	SUMMARY OF SERV	CES FOR	MIA - NO	SOC -	- AID PAID	PENDIN	IG I	AID CODE	81				
											HLY AVERAC		
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITU	RES .	AVER/	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE				PER (JNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ô			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ô			.00		.00	.000		.00		.00
ANCILLARIES	Ŏ		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
	0		0			.00					.00		
ALL OTHER INPATIENT	0		0					.00	.000				.00
COMM HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
MEDICAL	U		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0			.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0		0	т		.00	т	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		Ô			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		Ô			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
	0		0										
LEV B-REGULAR	0		0	à		.00	d	.00	.000	4	.00	4	.00
@INTERMEDIATE CARE FACILDD	0		0	\$			\$.00	.000	Ş	.00	Ş	.00
ICF DDH	U		0			.00		.00	.000		.00		.00
ICF DD	0		0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$			\$.00	.000	\$		\$.00
HOSPITAL BASED	0		0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0	·		.00	•	.00	.000		.00	•	.00
XO AND OTHERS	0		0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		Ô	\$			\$.00	.000	Ś	.00	\$.00
CLINIC	0		Ô	۲		.00	Υ	.00	.000	٧	.00	٧	.00
SURGICENTER	0		Ô			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0			.00		.00	.000		.00		.00
	0		0			.00		.00			.00		
RURAL HEALTH CLINIC	•	ומ אוד דועו	U U	ac Mont	III OE DAME		ODE 1		.000	חחס		Ъ	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		FNDTIOR	TS MONI	H-OF-PAYME	NI KEP	ORI I	OR JAN 2	2003 IHRU	DEC	2003	Ρ.	AGE 2,748
MOP024	FEE-FOR-SERVICE,					D = 111			0.1				01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	CES FOR	MIA - NO) SOC -	- AID PAID	PENDIN	IG A	AID CODE				~-	
00 =											HLY AVERAC		
00 ELIGIBLES	USERS	UNITS OF			EXPENDITU				UNITS/DAY				COST PER
		OR DAYS							PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$			\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0			.00		.00	.000		.00		.00
BLOOD BANK	0		0			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDADATE T	NEODMATION ITEM ONLY	<i>7</i> :				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,749
MOP024 FEE-FOR-SERVICE/DENTAL
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

SUMMARI OF SER	AICES FOR MIN - N	0 200 -	- PKEGNAMI	AID CODE	00			
					MC	ONTHLY AVERA	AGE	
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
63	350	\$	54,106.10	\$ 154.59	8.333	\$ 858.83	\$	1288.24
48	108	\$	10,795.49	\$ 99.96	2.571	\$ 224.91	\$	257.04
17	23		1,464.63	63.68	.548	86.15		34.87
6	6		245.68	40.95	.143	40.95		5.85
0	0		.00	.00	.000	.00		.00
9	9		563.41	62.60	.214	62.60		13.41
1	1		34.69	34.69	.024	34.69		.83
4	7		620.85	88.69	.167	155.21		14.78
0	0		.00	.00	.000	.00		.00
6	9		383.86	42.65	.214	63.98		9.14
6	9		383.86	42.65	.214	63.98		9.14
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
10			6,941.51		.643	694.15		165.27
9	11		6,283.47	571.22	.262	698.16		149.61
1	1		186.50	186.50	.024	186.50		4.44
2	15		471.54	31.44	.357	235.77		11.23
4	5		436.78	87.36	.119	109.20		10.40
4	4		388.33	97.08	.095	97.08		9.25
0	0		.00	.00	.000	.00		.00
1	1		48.45	48.45	.024	48.45		1.15
	USERS 63 48 17 6 0 9 1 4 0 6 6 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 63 350 48 108 17 23 6 6 0 0 0 9 9 1 1 1 1 4 7 0 0 0 0 6 9 6 9 0 0 0 0 0 0 0 0 10 27 9 11 1	USERS UNITS OF SERVICE OR DAYS OF CARE 63 350 \$ 48 108 \$ 17 23 6 6 6 0 0 0 9 9 9 1 1 1 4 7 0 0 0 6 9 6 9 0 0 0 0 0 0 0 0 0 0 10 27 9 11 1	OR DAYS OF CARE 63	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST PER UNIT/DAY 63 350 \$ 54,106.10 \$ 154.59 \$ 199.96 17 23 1,464.63 63.68 6 6 245.68 40.95 0 0 .00 .00 9 9 563.41 62.60 1 1 34.69 34.69 4 7 620.85 88.69 0 0 .00 .00 6 9 383.86 42.65 6 9 383.86 42.65 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 63 350 \$ 54,106.10 \$ 154.59 8.333 48 108 \$ 10,795.49 \$ 99.96 2.571 17 23 1,464.63 63.68 .548 6 6 6 245.68 40.95 .143 0 0 0 .00 .00 .00 .00 0 9 9 9 563.41 62.60 .214 1 1 1 34.69 34.69 .024 4 7 620.85 88.69 .167 0 0 0 .00 .00 .00 .00 6 9 383.86 42.65 .214 6 9 383.86 42.65 .214 6 9 383.86 42.65 .214 0 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE 63	USERS UNITS OF SERVICE OR DAYS OF CARE 63

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	17	391.18	23.01	.405	27.94	9.31
RADIOLOGY	11	15	868.54	57.90	.357	78.96	20.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	7	54.50	7.79	.167	27.25	1.30
OTHER SERVICES/ALL X-OVERS	5	5	254.49	50.90	.119	50.90	6.06
@PHARMACY	16	27	\$ 882.33	\$ 32.68	.643	\$ 55.15	\$ 21.01
PRESCRIPTION DRUGS	16	27	882.33	32.68	.643	55.15	21.01
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	16	27	882.33	32.68	.643	55.15	21.01
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	22	\$ 637.00	\$ 28.95	.524	\$ 159.25	\$ 15.17
VISITS - DIAGNOSTIC	3	19	211.00	11.11	.452	70.33	5.02
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.024	330.00	7.86
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.048	96.00	2.29
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,750
MOP024	FEE-FOR-SERVICE/DENTA	L.					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SO	C - PREGNANT	AID CODE	86		
					MONTE	II.V AVERAC	F

MOP024	FEE-FOR-SERVICE/D									01/29/04
EL DORADO COUNTY	SUMMARY OF SERVIC	ES FOR	MIA - NO	SOC -	- PREGNANT	AID CODE				
							MO			
42 ELIGIBLES			SERVICE		EXPENDITURES	ERAGE COST		3		COST PER
		OR DAYS	OF CARE			R UNIT/DAY			USER	ELIGIBLE
@OPTOMETRIST	2		9	\$	186.81	\$ 20.76	.214	\$	93.41	\$ 4.45
DIAGNOSTIC AND ANC. PROCED	2		2		94.90	47.45	.048		47.45	2.26
EYE APPLIANCES	2		7		91.91	13.13	.167		45.96	2.19
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00	.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000		.00	.00
OTHER SERVICES	0		0		.00	.00	.000		.00	.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00	.00
SURGERY/ANES.	0		0		.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00	.00
OTHER	0		0		.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0		0 0 0 0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	32		166	\$		245.75	3.952	\$	1274.84	\$ 971.30
HOSP INPATIENT TOTAL	7		25		36,895.85	1475.83	.595		5270.84	878.47
HSC HOSPITALS	0		0		.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	7		25		36,895.85	1475.83	.595		5270.84	878.47
ACCOMMODATIONS	7		25		11,203.46	448.14	.595		1600.49	266.75
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	7		25		11,203.46	448.14	.595		1600.49	266.75
ANCILLARIES	7		0		25,692.39	.00	.000		3670.34	611.72
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	29		141		3,898.87	27.65	3.357		134.44	92.83
MEDICAL	2		2		168.00	84.00	.048		84.00	4.00
SURGERY	5		5		216.75	43.35	.119		43.35	5.16
PATHOLOGY	21		81		1,244.63	15.37	1.929		59.27	29.63
RADIOLOGY	9		12		1,165.10	97.09	.286		129.46	27.74
ROOM USE	14		23		830.22	36.10	.548		59.30	19.77
CROSSOVERS/ALL OTH OUTPTNT	10		18		274.17	15.23	.429		27.42	6.53
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000		.00	.00
HSC HOSPITALS	0		0		.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00	.00
ANCILLARIES	0		0		.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D	EC 2003	PAGE 2,751
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR MIA - NO S	SOC - PREGNANT	AID CODE	86		
					MO	NTHLY AVERAC	GE

EL DORADO COUNTI	SUMMART OF SER	VICED FOR MIA N	0 500	FREGNANI	A.	LD CODE		~~~	TIT 37 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ar.	
### ### ##############################	293211	INITE OF SERVICE		EXPENDITURES	ZVERZO	F COST	M				 COST PER
TE ELIGIDES	ONEIG	OB DAAG OE GADE		TWE HIND'T I OKED	DED IN	TLU/DVA	PER ELIG		USER		ELIGIBLE
@COMMINITY BOSDITAL TOTAL	3.2	OK DAIS OF CAKE	Ċ	40,794.72	¢ 2/	15 75			1274.84		
COMM HOCD INDATTENT TOTAL	32 7	25	Ą	26 905 95	ې <u>۷</u>	75.83	.595	Ą	5270.84	Ą	878.47
COMM HOSP INPALLENT TOTAL	,	25		30,893.83	145 145 44	0.03	.000		.00		.00
NOVI HOG HOGDINAL C HOMAL	0	0		36 005 05	1 4 -	.00	.000		5270.84		.00
NON-HSC HOSPITALS TOTAL	/	25		30,895.85	147	10 14	.595		1600.49		878.47 266.75
ACCOMMODATIONS	/	25		11,203.46	44	18.14	.595				
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U	0		.00	4.7	.00	.000		.00		.00
ALL OTHER ACCOM	/	45		.00 11,203.46 25,692.39	44	18.14	.595		1600.49		266.75
ANCILLARIES	/	U		25,692.39		.00	.000		3670.34		611.72
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	_	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	29	141		3,898.87	2	27.65	3.357		134.44 84.00		92.83
MEDICAL	2	2		168.00	8	34.00	.048		84.00		4.00
SURGERY	5	5		216.75	4	13.35	.119		43.35		5.16
PATHOLOGY	21	81		1,244.63	1	L5.37	1.929		59.27		29.63
RADIOLOGY	9	12		1,165.10	9	7.09	.286		129.46		27.74
ROOM USE	14	23		830.22	3	36.10	.548		59.30		19.77
CROSSOVERS/ALL OTH OUTPTNT	' 10	18		274.17	1	L5.23	.429				6.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś	.00		.00
TCF DDH	0	0	τ	. 00	т	.00	.000	~	.00	Ψ.	.00
ICE DD	0	0		0.0		.00	.000		.00		.00
ICF DDN/DDCN	0	0		00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	00	Ś	.00	.000	Ś			
HOSPITAL BASED	0	0	τ	00	Ψ.	.00		٧			
HEMODIALVSIS CENTER	0	0		00		.00	.000		.00		.00
@REHARTI.TTATION FACTI.TTV	0	0	Ś	.00	Ġ	00	.000	Ċ	.00		.00
HOGDITAL RAGED	0	0	Y	.00	Y	00	.000		.00		.00
TNDEDENDENT FACTITTY	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC	U	U 7	Ċ	116 50	ტ 1	.00 L6.65	.167	Ġ			2.78
DATEOLOGY FACILITI	5	7	Ą	116 50	ل ب 1	16 65	.167	Ą	23.32	Ą	2.78
AVIUOTOGI	5	7		110.28	_	0.00					
AU AND UTHERS	0	U	Ċ	.00	ė ·	.00	.000	۲,	.00	4	.00
@ORGANIZED OUTPATIENT CLINIC	3	7	Ş	659.89	\$ 5	94.27	.167	Ş		Ş	15.71
CLINIC	2	4		68.89	1	L7.22	.095		34.45		1.64
SURGICENTER	Ü	Ü		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	Λ	0		.00		.00	.000		.00		.00

RURAL HEALTH CLINIC 1 3 591.00 197.00 .071 591.00 14.07 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,752 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

EL DORADO COUNTI	DOMINATO OF DERLAY	CED LOK MIN NO DOC	FICEGIVALVI	AID CODE	00		
					MON	THLY AVERA	GE
42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	4 \$	33.28	\$ 8.32	.095 \$	16.64	\$.79
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.095	16.64	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE	CIVEN AS A SEDARA	TE THEORMATION ITEM ONI	.v:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,753 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 42 ELIGIBLES USERS PER UNIT/DAY PER ELIG USER ELIGIBLE 54,106.10 \$ 154.59 8.333 \$ 858.83 \$ 1288.24 OR DAYS OF CARE

 54,106.10
 \$
 154.59
 8.333
 \$
 858.83
 \$
 1288.24

 10,795.49
 \$
 99.96
 2.571
 \$
 224.91
 \$
 257.04

 1,464.63
 63.68
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 86.15
 34.87

 245.68
 40.95
 .143
 40.95
 5.85

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 .00

 563.41
 62.60
 .214
 62.60
 13.41

 34.69
 34.69
 .024
 34.69
 .83

 620.85
 88.69
 .167
 155.21
 14.78

 .00
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 .00

 383.86
 42.65
 .214
 63.98
 9.14

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 <t 63 350 \$ @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 48 108 \$ 23 17 OUTPATIENT VISITS 6 OFFICE VISITS 6 0 0 HOME VISITS EMERGENCY ROOM
PREVENTIVE CARE 1 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 0 OTHER OUTPATIENT 9 INPATIENT VISITS HOSPITAL VISITS 9 0 CRITICAL CARE 0 0 0 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES 0

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	10	27		6,941.51		257.09	.643		694.15		165.27
PRINCIPAL SURGEON	9	11		6,283.47		571.22	.262		698.16		149.61
ASSISTANT SURGEON	1	1		186.50		186.50	.024		186.50		4.44
ANESTHESIOLOGIST	2	15		471.54		31.44	.357		235.77		11.23
OUTPATIENT SURGERY	4	5		436.78		87.36	.119		109.20		10.40
PRINCIPAL SURGEON	4	4		388.33		97.08	.095		97.08		9.25
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	1		48.45		48.45	.024		48.45		1.15
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	14	17		391.18		23.01	.405		27.94		9.31
RADIOLOGY	11	15		868.54		57.90	.357		78.96		20.68
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	7		54.50		7.79	.167		27.25		1.30
OTHER SERVICES/ALL X-OVERS	5	5		254.49		50.90	.119		50.90		6.06
@PHARMACY	16	27	\$	882.33	\$	32.68	.643	\$	55.15	\$	21.01
PRESCRIPTION DRUGS	16	27		882.33		32.68	.643		55.15		21.01
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	16	27		882.33		32.68	.643		55.15		21.01
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	4	22	\$	637.00	\$	28.95	.524	\$	159.25	\$	15.17
VISITS - DIAGNOSTIC	3	19		211.00		11.11	.452		70.33		5.02
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		330.00		330.00	.024		330.00		7.86
RESTORATIVE DENTISTRY	1	2		96.00		48.00	.048		96.00		2.29
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-OF	-PAYMENT RI	EPORT	FOR JAN 20	03 THRU	DEC	2003	PF	AGE 2,754
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	MIA - N	O SOC - TOT	'AL							
							3.7	^ 3 T T T	TT TT 3 TT TT 3	α $=$	

42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	7/ 7/ 7	ERAGE COST	TINTTTC /DAV	c -	COST PER	 COST PER
45 50101000	CALCO		EXPENDITORES						
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	2	9	\$ 186.81	\$	20.76	.214	\$	93.41	\$ 4.45
DIAGNOSTIC AND ANC. PROCED	2	2	94.90		47.45	.048		47.45	2.26
EYE APPLIANCES	2	7	91.91		13.13	.167		45.96	2.19
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	32	166	\$ 40,794.72	\$	245.75	3.952	\$	1274.84	\$ 971.30

----- MONTHLY AVERAGE -----

HOSP INPATIENT TOTAL	7	25	36,895.85	1475.83	.595	5270.84	878.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	7	25	36,895.85	1475.83	.595	5270.84	878.47
ACCOMMODATIONS	7	25	11,203.46	448.14	.595	1600.49	266.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	25	11,203.46	448.14	.595	1600.49	266.75
ANCILLARIES	7	0	25,692.39	.00	.000	3670.34	611.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	29	141	3,898.87	27.65	3.357	134.44	92.83
MEDICAL	2	2	168.00	84.00	.048	84.00	4.00
SURGERY	5	5	216.75	43.35	.119	43.35	5.16
PATHOLOGY	21	81	1,244.63	15.37	1.929	59.27	29.63
RADIOLOGY	9	12	1,165.10	97.09	.286	129.46	27.74
ROOM USE	14	23	830.22	36.10	.548	59.30	19.77

CROSSOVERS/ALL OTH OUTPINT	10	18		274.17		15.23	.429	2	27.42		6.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MOI	NTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 200)3	PAGE	2,755
MOP024	FEE-FOR-SERVICE/DENTAL									0.2	1/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SOC	- TOTAL							

----- MONTHLY AVERAGE -----42 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG @COMMUNITY HOSPITAL TOTAL 166 40,794.72 \$ 245.75 3.952 \$ 1274.84 \$ 971.30 COMM HOSP INPATIENT TOTAL 25 36,895.85 1475.83 .595 5270.84 878.47 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 25 36,895.85 1475.83 .595 5270.84 878.47 25 448.14 1600.49 ACCOMMODATIONS 11,203.46 .595 266.75 .00 ADMINISTRATIVE DAYS 0 .00 .000 .00 .00 .000 TRANSITIONAL IP CARE 0 .00 .00 .00 .00 25 11,203.46 1600.49 448.14 .595 266.75 ALL OTHER ACCOM ANCILLARIES 25,692.39 .00 .000 3670.34 611.72 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 141 3,898.87 27.65 3.357 COMM HOSP OUTPATIENT TOTAL 134.44 92.83 .048 MEDICAL 168.00 84.00 84.00 4.00 SURGERY 5 216.75 43.35 .119 43.35 5.16 21 1.929 81 1,244.63 15.37 59.27 29.63 PATHOLOGY RADIOLOGY 12 1,165.10 97.09 .286 129.46 27.74 23 ROOM USE 14 830.22 36.10 .548 59.30 19.77 CROSSOVERS/ALL OTH OUTPTNT 18 274.17 15.23 .429 27.42 6.53 @STATE HOSPITAL .00 \$.00 .00 .00 0 .000 \$.000 MENTALLY ILL .00 .00 .00 .00 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 \$.00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .00 .00 LEV B-REHAB MD .000 0 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .00 .000 .00 LEV B-REGULAR 0 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 .00 ICF DDH .00 .00 .000 .00 .00 .00 .00 .00 .00 ICF DD .000 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .00 @HEMODIALYSIS TOTAL .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL BASED HEMODIALYSIS CENTER .00 .00 .000 .00 .00

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	7	\$	116.58	\$	16.65	.167	\$	23.32	\$	2.78
PATHOLOGY	5	7		116.58		16.65	.167		23.32		2.78
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	7	\$	659.89	\$	94.27	.167	\$	219.96	\$	15.71
CLINIC	2	4		68.89		17.22	.095		34.45		1.64
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	3		591.00		197.00	.071		591.00		14.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITUR	ES MO	NTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,756
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	R MIA - N	O SOC	- TOTAL							
							M	TINC	HLY AVERA	GE -	
42 ELIGIBLES	HISERS HINTES (OF SERVICE		EXPENDITIBES	⊼77 ₽	RACE COST	VAC/PTTMII '	S (TOST DER	(TOST DER

42 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPE	NDITURES	AVERAGE	COST	UNITS/DAYS	S COST PER	(COST PER
		OR DAYS OF CAR	E			PER UNI	T/DAY	PER ELIG	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	2	4	\$		33.28	\$ 8	.32	.095	\$ 16.64	\$.79
DURABLE MED. EQUIP.	0	0			.00		.00	.000	.00		.00
BLOOD BANK	0	0			.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000	.00		.00
OTHER TRANS	0	0			.00		.00	.000	.00		.00
OTHER SERVICES	0	0			.00		.00	.000	.00		.00
ACUPUNCTURE	0	0			.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000	.00		.00
OPTICIAN	2	4			33.28	8	.32	.095	16.64		.79
PHYSICAL THERAPIST	0	0			.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000	.00		.00
PROSTHETICS	0	0			.00		.00	.000	.00		.00
ORTHOTICS	0	0			.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARA	TE INFORMATION	TTEM (ONLY;							

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,757
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

							MO	ľИC	THLY AVERA	.GE	
67 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	64	2,549	\$	226,467.13	\$	88.85	38.045	\$	3538.55	\$	3380.11
@PHYSICIANS SERVICES	15	52	\$	1,844.43	\$	35.47	.776	\$	122.96	\$	27.53
OUTPATIENT VISITS	6	12		648.06		54.01	.179		108.01		9.67
OFFICE VISITS	0	0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0			.00		.00	.00		.00		.00
EMERGENCY ROOM	6	11			628.86		57.17	.16	4	104.81		9.39
PREVENTIVE CARE	0	0			.00		.00	.00)	.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.00)	.00		.00
OTHER OUTPATIENT	1	1			19.20		19.20	.01	5	19.20		.29
INPATIENT VISITS	4	6			175.13		29.19	.09)	43.78		2.61
HOSPITAL VISITS	0	0			.00		.00	.00)	.00		.00
CRITICAL CARE	0	0			.00		.00	.00)	.00		.00
SNF/ICF/TRANS IP CARE	4	6			175.13		29.19	.09)	43.78		2.61
OPHTHALMOLOGICAL SERVICES	2	2			87.79		43.90	.03)	43.90		1.31
EXAMINATIONS	1	1			57.79		57.79	.01	5	57.79		.86
SERVICES AND MATERIALS	1	1			30.00		30.00	.01		30.00		.45
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.00		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.00		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.00		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.00		.00		.00
OUTPATIENT SURGERY	4	5			258.38		51.68	.07		64.60		3.86
PRINCIPAL SURGEON	4	5			258.38		51.68	.07		64.60		3.86
ASSISTANT SURGEON	0	0			.00		.00	.00		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.00		.00		.00
DIALYSIS	0	0			.00		.00	.00		.00		.00
PATHOLOGY	1	1			12.89		12.89	.01		12.89		.19
RADIOLOGY	9	21			454.88		21.66	.31		50.54		6.79
PSYCHIATRY	0	0			.00		.00	.00		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.00		.00		.00
	3	5			207.30		41.46			69.10		3.09
OTHER SERVICES/ALL X-OVERS @PHARMACY	31	221	4		7,701.29	\$	34.85	.07			۲.	114.94
	31		\$			Ą		3.29		248.43	Ą	
PRESCRIPTION DRUGS	25	221			7,701.29		34.85	3.29		248.43		114.94
SNF/ICF	45 6	200			5,814.47		29.07	2.98		232.58		86.78
OUTPATIENTS		21			1,886.82		89.85	.31		314.47		28.16
MEDICAL SUPPLIES	0	0	4		.00	d	.00	.00		.00	4	.00
@DENTIST	5	31	\$		757.50	\$	24.44	.46		151.50	\$	11.31
VISITS - DIAGNOSTIC	3	16			142.00		8.88	.23		47.33		2.12
ORAL SURGERY	1	2			83.00		41.50	.03		83.00		1.24
DRUGS	0	0			.00		.00	.00		.00		.00
ANESTHESIA	0	0			.00		.00	.00		.00		.00
PERIODONTICS	1	1			148.00		148.00	.01		148.00		2.21
ENDODONTICS	0	0			.00		.00	.00		.00		.00
RESTORATIVE DENTISTRY	1	2			27.50		13.75	.03		27.50		.41
PROSTHETICS	0	0			.00		.00	.00		.00		.00
DENTURES, STAYPLATES	1	10			357.00		35.70	.14		357.00		5.33
SPACE MAINTAINERS	0	0			.00		.00	.00		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.00		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.00		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.00		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDIT	URES	MONTH-	OF-PAYMENT F	REPOR	T FOR JAN	2003 THR	J DE	2003	PΙ	AGE 2,758
MOP024	FEE-FOR-SERVICE/											01/29/04
EL DORADO COUNTY	SUMMARY OF SERVI	CES FOR MIA -	SOC	- LTC			AID CODE					
										THLY AVERA		
67 ELIGIBLES	USERS	UNITS OF SERVI	CE	E	EXPENDITURES	AV	ERAGE COST	UNITS/D	AYS	COST PER	(COST PER
		OD DATE OF CA	D D				D TTATE (DATE	DDD DT		TTOTO	т.	

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .045 \$ @OPTOMETRIST 3 90.07 \$ 30.02 45.04 \$ 1.34 47.45 47.45 DIAGNOSTIC AND ANC. PROCED 1 47.45 .015 .71 EYE APPLIANCES 42.62 21.31 .030 21.31 .64 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 0 @CHIROPRACTOR 0 \$.00 \$.00 .000 \$.00 \$.00 .00 VISITS 0 0 .00 .000 .00 .00 .00 OTHER SERVICES 0 .000 .00 0 .00 .00 0 0 \$.00 .00 .000 \$.00 \$.00 @PODIATRIST \$

		_									
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	6 \$	3	92.39	\$	65.40	.090	\$	196.20	\$	5.86
NURSE ANESTHESIST	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	21	225	3,5	06.15	\$	15.58	3.358	\$	166.96	\$	52.33
HOSP INPATIENT TOTAL	0	0	•	.00	•	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	21	225	2 5	06.15		15.58	3.358		166.96		52.33
	4	225 5	•			16.01	.075		20.01		1.19
MEDICAL	2	5		80.05 74.84		34.97			87.42		2.61
SURGERY	17						.075				
PATHOLOGY	- ·	156		38.54		6.66	2.328		61.09		15.50
RADIOLOGY	11	22	•	14.99		59.77	.328		119.54		19.63
ROOM USE	10	18		21.18		40.07	. 269		72.12		10.76
CROSSOVERS/ALL OTH OUTPTNT	7	19		76.55		9.29	.284	4.	25.22	4.	2.64
@COUNTY HOSPITAL TOTAL	0	0 \$	5	.00	\$.00	.000	\$.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAY	MENT R	EPORT	FOR JAN :		DEC	2003	P.	AGE 2,759
MOP024	FEE-FOR-SERVICE/										01/29/04
EL DORADO COUNTY		CES FOR MIA - SOC	C - LTC			AID CODE	53				
			-				M	ONT	HLY AVERA	GE	
67 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDI	TURES	AVER	AGE COST	UNITS/DAY				COST PER
0. 22101220	00210	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	225 \$	3 5	06.15	\$	15.58	3.358		166.96		52.33
COMM HOSP INPATIENT TOTAL	0	0	. 3,3	.00	٧	.00	.000	۲	.00	۲	.00
UGG HOGDIMALG	0	0		.00		.00	.000		.00		.00

HSC HOSPITALS .00 0 0 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 0 .00 .00 ADMINISTRATIVE DAYS 0 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 0 0 .00 .000 .00 0 ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 0 ANCILLARIES 0 .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	225	3,506.15	15.58	3.358	166.96	52.33
MEDICAL	4	5	80.05	16.01	.075	20.01	1.19
SURGERY	2	5	174.84	34.97	.075	87.42	2.61
PATHOLOGY	17	156	1,038.54	6.66	2.328	61.09	15.50
RADIOLOGY	11	22	1,314.99	59.77	.328	119.54	19.63
ROOM USE	10	18	721.18	40.07	.269	72.12	10.76
CROSSOVERS/ALL OTH OUTPTNT	7	19	176.55	9.29	.284	25.22	2.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	38	1,201	\$ 174,718.40	\$ 145.48	17.925	\$ 4597.85	\$ 2607.74
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	38	1,201		174,718.40		145.48	17.925		4597.85		2607.74
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	8	\$	261.06	\$	32.63	.119	\$	130.53	\$	3.90
CLINIC	1	5		69.69		13.94	.075		69.69		1.04
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	3		191.37		63.79	.045		191.37		2.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 2,760
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04

SUMMARY OF SERVICES FOR MIA - SOC - LTC

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 67 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 21 37,195.84 11.970 \$ 1771.23 \$ 555.16 @ALL OTHER PROVIDERS 802 46.38 DURABLE MED. EQUIP. 38.26 19.13 .030 38.26 .57 .00 .00 BLOOD BANK 0 .00 .000 0 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 17 448 6,256.42 13.97 6.687 368.02 93.38 15 368 11.33 278.08 AMBULANCES/AIR TRANS 4,171.19 5.493 62.26 79 285.23 3.61 1.179 57.05 OTHER TRANS 4.26 1800.00 OTHER SERVICES 1,800.00 .015 1800.00 26.87 1 ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 .000 GENETIC DISEASE TESTING .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN 33.33 16.67 .030 33.33 .50 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 38.68 19.34 .030 38.68 .58 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 PSYCHOLOGIST .00 .000 .00 SPEECH AND AUDIOLOGY 0 .00 .00 .000 .00 .00 30,829.15 88.59 30829.15 HOSPICE SERVICES 348 5.194 460.14 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .000 \$.00 .00 \$.00 \$

EL DORADO COUNTY

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,761 #CALIF DEPT OF HEALTH SERV MEDICAL SERVICE/DENTAL

MOP024 FEE-FOR-SERVICE/DENTAL

EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

01/29/04

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----OR :

AL, ALL PROVIDERS 1

SICIANS SERVICES 1

JIPATIENT VISITS 0

OFFICE VISITS 0

HOME VISITS 0

EMERGENCY ROOM 0

PREVENTIVE CARE 0

OB VISITS/COMPRE PERI 0

OTHER OUTPATIENT 0 UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS INPATIENT VISITS 0
HOSPITAL VISITS 0
CRITICAL CARE 0 CRITICAL C....

SNF/ICF/TRANS IP CARE

OPHTHALMOLOGICAL SERVICES 0

EXAMINATIONS 0 0

SERVICES AND MATERIALS 0 0

INPATIENT HOSPITAL SURGERY 1 2

PRINCIPAL SURGEON 1 2

PRINCIPAL SURGEON 0 0

O 0 0 SNF/ICF/TRANS IP CARE .00 .00 .00 . 00 .00 .00 . 00 .00 .00 .00 \$ @PHARMACY .00 .00 .00 .00 .00 .00 \$.00 .00 . 00 .00 .00 .00 . 00 .00 .00 .00 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,762 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

02 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
@ODEOMEED I CE		R DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	and the second s	.00	\$.00
	0	0 Ş		•	·		•
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	Ü	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	1	4 \$	2,332.86	\$ 583.22	2.000 \$	2332.86	\$ 1166.43
HOSP INPATIENT TOTAL	1	3	2,291.08	763.69	1.500	2291.08	1145.54
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	2,291.08	763.69	1.500	2291.08	1145.54
ACCOMMODATIONS	1	3	1,476.00	492.00	1.500	1476.00	738.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	1	2	1,476.00	492.00	1.500	1476.00	738.00
ALL OTHER ACCOM	1	3	•				
ANCILLARIES	1	0	815.08	.00	.000	815.08	407.54
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	41.78	41.78	.500	41.78	20.89
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	41.78	41.78	.500	41.78	20.89
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0 5	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Ů.	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ROOM USE		0					.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	PORT FOR JAN 2	ZUUS THRU DEC	2003	PAGE 2,763
MOP024	FEE-FOR-SERVICE/DE						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICE	S FOR MIA - SOC - 1	PREGNANT	AID CODE			
					MONT	THIV AMEDA	CF

		OR DAYS OF CARE				חשם	UNIT/DAY	סיום	г т т <i>с</i>	7	USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1	OR DATS OF CARE	\$	2	,332.86	\$	583.22		000		2332.86	\$	1166.43	
COMM HOSP INPATIENT TOTAL	1	3	т		,291.08	-	763.69		500	-	2291.08	-	1145.54	
HSC HOSPITALS	0	0			.00		.00		000		.00		.00	
NON-HSC HOSPITALS TOTAL	1	3		2	,291.08		763.69	1.	500		2291.08		1145.54	
ACCOMMODATIONS	1	3			,476.00		492.00		500		1476.00		738.00	
ADMINISTRATIVE DAYS	0	0			.00		.00		000		.00		.00	
TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00	
ALL OTHER ACCOM	1	3		1	,476.00		492.00		500		1476.00		738.00	
ANCILLARIES	1	0			815.08		.00		000		815.08		407.54	
INPATIENT CROSSOVERS	0	0			.00		.00		000		.00		.00	
ALL OTHER INPATIENT	0	0			.00		.00		000		.00		.00	
COMM HOSP OUTPATIENT TOTAL	1	1			41.78		41.78		500		41.78		20.89	
MEDICAL	0	0			.00		.00		000		.00		.00	
SURGERY	0	0			.00		.00		000		.00		.00	
PATHOLOGY	0	0			.00		.00		000		.00		.00	
RADIOLOGY	0	0			.00		.00		000		.00		.00	
ROOM USE	0	0			.00		.00		000		.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	1	1			41.78		41.78		500		41.78		20.89	
@STATE HOSPITAL	0	0	\$.00	\$.00		000	\$.00	\$.00	
MENTALLY ILL	0	0	•		.00	•	.00		000	•	.00		.00	
DEVELOP. DISABLED	0	0			.00		.00		000		.00		.00	
@NURSING FACILITY	0	0	\$.00	\$.00		000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	•		.00	•	.00		000	•	.00		.00	
LEV B-REHAB MD	0	0			.00		.00		000		.00		.00	
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00		000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00		000		.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00	
LEV B-REGULAR	0	0			.00		.00		000		.00		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		000	\$.00	\$.00	
ICF DDH	0	0	•		.00	•	.00		000	•	.00		.00	
ICF DD	0	0			.00		.00		000		.00		.00	
ICF DDN/DDCN	0	0			.00		.00		000		.00		.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		000	\$.00	\$.00	
HOSPITAL BASED	0	0	•		.00	•	.00		000		.00	-	.00	
HEMODIALYSIS CENTER	0	0			.00		.00		000		.00		.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00		000	\$.00	\$.00	
HOSPITAL BASED	0	0	•		.00	•	.00		000	•	.00		.00	
INDEPENDENT FACILITY	0	0			.00		.00		000		.00		.00	
@LABORATORY FACILITY	0	0	\$.00	\$.00		000	\$.00	\$.00	
PATHOLOGY	0	0			.00		.00		000		.00		.00	
XO AND OTHERS	0	0			.00		.00		000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		000	\$.00	\$.00	
CLINIC	0	0			.00		.00		000		.00		.00	
SURGICENTER	0	0			.00		.00		000		.00		.00	
HEROIN DETOX CLINIC	0	0			.00		.00		000		.00		.00	
RURAL HEALTH CLINIC	0	0			.00		.00		000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES M	IONTH-OF-P	AYMENT RE	PORT	FOR JAN	2003 T	HRU	DEC	2003	Ε	PAGE 2,76	4
MOP024	FEE-FOR-SERVICE	/DENTAL											01/29/0	4
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MIA - S	OC -	- PREGNANT	1		AID CODE	87						
											HLY AVERA			
02 ELIGIBLES	USERS	UNITS OF SERVICE		EXPEN	DITURES		RAGE COST						COST PER	
		OR DAYS OF CARE					UNIT/DAY				USER		ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00			\$.00	\$		
DURABLE MED. EQUIP.	0	0			.00		.00		000		.00		.00	
BLOOD BANK	0	0			.00		.00		000		.00		.00	
HEARING AID DISPENSERS	0	0			.00		.00		000		.00		.00	
MEDICAL TRANSPORTATION	0	0			.00		.00		000		.00		.00	
AMBULANCES/AIR TRANS	0	0			.00		.00		000		.00		.00	
OTHER TRANS	0	0			.00		.00	•	000		.00		.00	

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,765 MOP024 FEE-FOR-SERVICE/DENTAL EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL 01/29/04

						M	CNT	HLY AVERA	GE	
69 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	65	2,555	\$ 230,027.79	\$	90.03	37.029	\$	3538.89	\$	3333.74
@PHYSICIANS SERVICES	16	54	\$ 3,072.23	\$	56.89	.783	\$	192.01	\$	44.53
OUTPATIENT VISITS	6	12	648.06		54.01	.174		108.01		9.39
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	6	11	628.86		57.17	.159		104.81		9.11
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1	19.20		19.20	.014		19.20		.28
INPATIENT VISITS	4	6	175.13		29.19	.087		43.78		2.54
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	4	6	175.13		29.19	.087		43.78		2.54
OPHTHALMOLOGICAL SERVICES	2	2	87.79		43.90	.029		43.90		1.27
EXAMINATIONS	1	1	57.79		57.79	.014		57.79		.84
SERVICES AND MATERIALS	1	1	30.00		30.00	.014		30.00		.43
INPATIENT HOSPITAL SURGERY	1	2	1,227.80		613.90	.029		1227.80		17.79
PRINCIPAL SURGEON	1	2	1,227.80		613.90	.029		1227.80		17.79
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	4	5	258.38		51.68	.072		64.60		3.74
PRINCIPAL SURGEON	4	5	258.38		51.68	.072		64.60		3.74
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	1	12.89		12.89	.014		12.89		.19
RADIOLOGY	9	21	454.88		21.66	.304		50.54		6.59
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	5	207.30		41.46	.072		69.10		3.00
@PHARMACY	31	221	\$ 7,701.29	\$	34.85	3.203	\$		\$	111.61
PRESCRIPTION DRUGS	31	221	7,701.29		34.85	3.203		248.43		111.61
SNF/ICF	25	200	5,814.47		29.07	2.899		232.58		84.27
OUTPATIENTS	6	21	1,886.82		89.85	.304		314.47		27.35
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
@DENTIST	5	31	\$ 757.50	\$	24.44	.449	\$	151.50	\$	10.98
VISITS - DIAGNOSTIC	3	16	142.00		8.88	.232		47.33		2.06
ORAL SURGERY	1	2	83.00		41.50	.029		83.00		1.20
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	1	1	148.00		148.00	.014		148.00		2.14
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2	27.50		13.75	.029		27.50		.40
PROSTHETICS	0	0	.00		.00	.000		.00		.00

DENTURES, STAYPLATES	1	10	357.00	35.70	.145	357.00	5.17
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,766
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/29/04
EL DORADO COLINTY	STIMMARY OF SERVICES E	OR MIA - SOC	 T∩T∆I. 				

EL DORADO COUNTY	SUMMARY OF SER	VICES FOR MIA	- SOC	- TO	ΓAL							
								MO	-		_	
69 ELIGIBLES	USERS	UNITS OF SERV	ICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF C				PER		PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	3	\$		90.07	\$	30.02	.043	\$	45.04	\$	1.31
DIAGNOSTIC AND ANC. PROCED	1	1			47.45		47.45	.014		47.45		.69
EYE APPLIANCES	2	2	!		42.62		21.31	.029		21.31		.62
OTHER OPTOMETRIC SERVICES	0	0	1		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0			.00	•	.00	.000		.00		.00
OTHER SERVICES	0	0	1		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0			.00	т.	.00	.000	т	.00	т	.00
SURGERY/ANES.	0	0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	Ô	0			.00		.00	.000		.00		.00
OTHER	Ô				.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	6	\$			\$	65.40	.087	Ġ	196.20	Ġ	5.69
NURSE ANESTHESIST	0	0 6 0 0	. 4		.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	. 4		.00	Ģ	.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0				\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	. 0	0	, è		.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	22	229			5,839.01	ب ب	25.50	3.319		265.41		84.62
HOSP INPATIENT TOTAL	22	3			2,291.08	Ą	763.69	.043	ų	2291.08	Ą	33.20
		0			,			.000				
HSC HOSPITALS	0	0			.00		.00 763.69	.043		.00 2291.08		.00 33.20
NON-HSC HOSPITAL TOTAL		3			2,291.08 1,476.00		492.00	.043		1476.00		21.39
ACCOMMODATIONS	1	3			•							
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0					.00					.00
ALL OTHER ACCOM	1	3			1,476.00		492.00	.043		1476.00		21.39
ANCILLARIES	1	0			815.08		.00	.000		815.08		11.81
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0				.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22 4	226			3,547.93		15.70	3.275		161.27		51.42
MEDICAL	-	5			80.05		16.01	.072		20.01		1.16
SURGERY	2	5			174.84		34.97	.072		87.42		2.53
PATHOLOGY	17	156			1,038.54		6.66	2.261		61.09		15.05
RADIOLOGY	11	22			1,314.99		59.77	.319		119.54		19.06
ROOM USE	10	18			721.18		40.07	.261		72.12		10.45
CROSSOVERS/ALL OTH OUTPTNT	8	20			218.33	4	10.92	.290	4	27.29	4	3.16
@COUNTY HOSPITAL TOTAL	0	0			.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	!		.00		.00	.000		.00		.00
MEDICAL	0	0	1		.00		.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,767
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					01/29/04

MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR MIA - SOC	- TOTAL				
					MON	THLY AVERAG	E
69 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22	229 \$	5,839.01	\$ 25.50	3.319 \$	265.41	\$ 84.62
COMM HOSP INPATIENT TOTAL	1	3	2,291.08	763.69	.043	2291.08	33.20
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	2,291.08	763.69	.043	2291.08	33.20
ACCOMMODATIONS	1	3	1,476.00	492.00	.043	1476.00	21.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	i	3	1,476.00	492.00	.043	1476.00	21.39
ANCILLARIES	1	0	815.08	.00	.000	815.08	11.81
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	226	3,547.93	15.70	3.275	161.27	51.42
MEDICAL	4	5	80.05	16.01	.072	20.01	1.16
SURGERY	2	5	174.84	34.97	.072	87.42	2.53
PATHOLOGY	17	156	1,038.54	6.66	2.261	61.09	15.05
RADIOLOGY	11	22	1,314.99	59.77	.319	119.54	19.06
ROOM USE	10	18	721.18	40.07	.261	72.12	10.45
CROSSOVERS/ALL OTH OUTPTNT	8	20	218.33	10.92	.201	27.29	3.16
	0	0 \$.00	\$.00	.000 \$		\$.00
@STATE HOSPITAL	0	0			.000 \$.00	.00
MENTALLY ILL	0	0	.00	.00			
DEVELOP. DISABLED	•	_	.00	.00	.000	.00	.00
@NURSING FACILITY	38	1,201 \$	174,718.40	\$ 145.48	17.406 \$		\$ 2532.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	•	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	38	1,201	174,718.40	145.48	17.406	4597.85	2532.15
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	8 \$	261.06	\$ 32.63	.116 \$		\$ 3.78
CLINIC	1	5	69.69	13.94	.072	69.69	1.01
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	3	191.37	63.79	.043	191.37	2.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,768
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
EL DORADO COLINTY	STIMMARY OF SERV	TORS FOR MIN - SOC	ΤΩΤΔΤ.				

EL DORADO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

					M	ONTHLY AVERA	GE
69 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	21	802 \$	37,195.84	\$ 46.38	11.623	\$ 1771.23	\$ 539.07
DURABLE MED. EQUIP.	1	2	38.26	19.13	.029	38.26	.55
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	448	6,256.42	13.97	6.493	368.02	90.67
AMBULANCES/AIR TRANS	15	368	4,171.19	11.33	5.333	278.08	60.45
OTHER TRANS	5	79	285.23	3.61	1.145	57.05	4.13
OTHER SERVICES	1	1	1,800.00	1800.00	.014	1800.00	26.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	33.33	16.67	.029	33.33	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	38.68	19.34	.029	38.68	.56
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	348	30,829.15	88.59	5.043	30829.15	446.80
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,769
MOP024 FEE-FOR-SERVICE/DENTAL
EL DORADO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	001111111111111111111111111111111111111	1000 1011 1011 101011	002				
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,770
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	FOR FUTUR	E USE				

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
0	.00	.00	.000	.00	.00
EXPENDITURES MON	NTH-OF-PAYMENT REI	PORT FOR JAN 2	2003 THRU DEC	C 2003	PAGE 2,771
L					01/29/04
OR FOR FUTURE US	SE				
			MON'	THLY AVERAG	E
OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
	L OR FOR FUTURE US OF SERVICE	0 .00 0 .00	0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .	0 .00 .00 .000 .000 .000 .000 .000 .00	0 .00 .00 .00 .000 .000 .000 0 .00 .00 .

00 51 56 50 56	HARRA					300 0000		OIV I I		_	GOGE DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
	•	OR DAYS OF CARE		0.0		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	Υ	.00	.000	т	.00	Ψ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Û	Ő	\$.00	\$.00	.000	Ś	.00	\$.00
ICF DDH	0	Ŏ	٧	.00	Y	.00	.000	Y	.00	٧	.00
ICF DDI	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	ė.	.00	\$.00	.000	ċ.	.00	\$.00
HOSPITAL BASED	0	0	\$.00	Ą	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ċ	.00	.000	ė	.00	\$.00
@HYDOLYHOKI LWCIHIII	U	O	Ÿ	.00	Ÿ	.00	.000	ų	.00	ų	.00

PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 2	003	PAGE	2,772
MOP024	FEE-FOR-SERVICE/DEN	TAL								01	./29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR FOR FUTU	RE USE								
							1	THTION	Y AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS (PER ELIG		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE	.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0 3	.00	.00	.000 \$.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	Ō	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,773 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

								MOI	NT	HLY AVERA	GE		
	111 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER		COST PER	
			OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE	
@	TOTAL, ALL PROVIDERS	128	2,905	\$	284,133.89	\$	97.81	26.171	\$	2219.80	\$	2559.76	
@	PHYSICIANS SERVICES	64	162	\$	13,867.72	\$	85.60	1.459	\$	216.68	\$	124.93	
	OUTPATIENT VISITS	23	35		2,112.69		60.36	.315		91.86		19.03	
	OFFICE VISITS	6	6		245.68		40.95	.054		40.95		2.21	
	HOME VISITS	0	0		.00		.00	.000		.00		.00	
	EMERGENCY ROOM	15	20		1,192.27		59.61	.180		79.48		10.74	
	PREVENTIVE CARE	1	1		34.69		34.69	.009		34.69		.31	
	OB VISITS/COMPRE PERI	4	7		620.85		88.69	.063		155.21		5.59	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1		19.20		19.20	.009		19.20		.17
INPATIENT VISITS	10	15		558.99		37.27	.135		55.90		5.04
HOSPITAL VISITS	6	9		383.86		42.65	.081		63.98		3.46
CRITICAL CARE	0	Ő		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	4	6		175.13		29.19	.054		43.78		1.58
	3	2				43.90					.79
OPHTHALMOLOGICAL SERVICES	2	∠		87.79			.018		43.90		
EXAMINATIONS	1	1		57.79		57.79	.009		57.79		.52
SERVICES AND MATERIALS	1	1		30.00		30.00	.009		30.00		.27
INPATIENT HOSPITAL SURGERY	11	29		8,169.31		281.70	.261		742.66		73.60
PRINCIPAL SURGEON	10	13		7,511.27		577.79	.117		751.13		67.67
ASSISTANT SURGEON	1	1		186.50		186.50	.009		186.50		1.68
ANESTHESIOLOGIST	2	15		471.54		31.44	.135		235.77		4.25
OUTPATIENT SURGERY	8	10		695.16		69.52	.090		86.90		6.26
PRINCIPAL SURGEON	8	9		646.71		71.86	.081		80.84		5.83
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	1	1		48.45		48.45	.009		48.45		
ANESTHESIOLOGIST	0	1		.00		.00					. 44
DIALYSIS		0					.000		.00		.00
PATHOLOGY	15	18		404.07		22.45	.162		26.94		3.64
RADIOLOGY	20	36		1,323.42		36.76	.324		66.17		11.92
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	7		54.50		7.79	.063		27.25		.49
OTHER SERVICES/ALL X-OVERS	8	10		461.79		46.18	.090		57.72		4.16
@PHARMACY	47	248	\$	8,583.62	\$	34.61	2.234	\$	182.63	\$	77.33
PRESCRIPTION DRUGS	47	248	•	8,583.62		34.61	2.234	•	182.63	•	77.33
SNF/ICF	25	200		5,814.47		29.07	1.802		232.58		52.38
OUTPATIENTS	22	48		2,769.15		57.69	.432		125.87		24.95
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
	0		4		٠,			4		4	
@DENTIST	9		\$	1,394.50	\$.477	\$	154.94	Þ	12.56
VISITS - DIAGNOSTIC	6	35		353.00		10.09	.315		58.83		3.18
ORAL SURGERY	1	2		83.00		41.50	.018		83.00		.75
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		148.00		148.00	.009		148.00		1.33
ENDODONTICS	1	1		330.00		330.00	.009		330.00		2.97
RESTORATIVE DENTISTRY	2	4		123.50		30.88	.036		61.75		1.11
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	10		357.00		35.70	.090		357.00		3.22
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00			.000				
FRACTURES, DISLOCATIONS	~	U				.00			.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			is i	MONTH-OF-PAYMENT R	REPO	RT FOR JAN 2	2003 THRU :	DEC	2003	Ρ.	AGE 2,774
MOP024	FEE-FOR-SERVICE/I	DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERVIO	CES FOR MEDICALL	·Υ	INDIGENT - ADULTS	- T	OTAL					
							M	TIOC	HLY AVERA	GE	
111 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES	A	VERAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE				ER UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4		\$	276.88	\$.108		69.22		2.49
DIAGNOSTIC AND ANC. PROCED	3	3	Y	142.35	٧	47.45	.027	Y	47.45	Y	1.28
	4	9									
EYE APPLIANCES	=			134.53		14.95	.081		33.63		1.21
OTHER OPTOMETRIC SERVICES	0	0	4	.00	٨.	.00	.000		.00		.00
@CHIROPRACTOR	0		\$.00	\$.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
CIDCEDY / ANEC	0	0		0.0		0.0	000		0.0		0.0

0 0

0

0

0

SURGERY/ANES.

OTHER

RADIO./PATHOLOGY

.00

.00

.00

.00

.00

.000

.000

.00

.00

.00

.00

@HOME HEALTH AGENCY	2	6	\$ 392.39	\$ 65.40	.054	\$ 196.20	\$ 3.54
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	54	395	\$ 46,633.73	\$ 118.06	3.559	\$ 863.59	\$ 420.12
HOSP INPATIENT TOTAL	8	28	39,186.93	1399.53	.252	4898.37	353.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	8	28	39,186.93	1399.53	.252	4898.37	353.04
ACCOMMODATIONS	8	28	12,679.46	452.84	.252	1584.93	114.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	28	12,679.46	452.84	.252	1584.93	114.23
ANCILLARIES	8	0	26,507.47	.00	.000	3313.43	238.81
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	51	367	7	,446.80		20.29	3.306	146.02	67.09		
MEDICAL	6	7		248.05		35.44	.063	41.34	2.23		
SURGERY	7	10		391.59		39.16	.090	55.94	3.53		
PATHOLOGY	38	237	2	,283.17		9.63	2.135	60.08	20.57		
RADIOLOGY	20	34	2	,480.09	•	72.94	.306	124.00	22.34		
ROOM USE	24	41	1	,551.40		37.84	.369	64.64	13.98		
CROSSOVERS/ALL OTH OUTPTNT	18	38		492.50		12.96	.342	27.36	4.44		
@COUNTY HOSPITAL TOTAL	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00		
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00		
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00		
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00		
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00		
ANCILLARIES	0	0		.00		.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00		
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00		
MEDICAL	0	0		.00		.00	.000	.00	.00		
SURGERY	0	0		.00		.00	.000	.00	.00		
PATHOLOGY	0	0		.00		.00	.000	.00	.00		
RADIOLOGY	0	0		.00		.00	.000	.00	.00		
ROOM USE	0	0		.00		.00	.000	.00	.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	S MONTH-OF-PA	AYMENT RE	EPORT F	OR JAN	2003 THRU I	DEC 2003	PAGE 2,775		
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04		
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY	/ INDIGENT -	ADULTS -	- TOTAL						
	MONTHLY AVERAGE										
111 BLIGIBLES	TIGEDO INTERO O	D ODDITION	EXDENT		7 7 7 7 7 7 7	an acam	I TINTERIO / DANG	a acam bab	COCH DED		

111			_				ONITEL AVER		~~~~
111 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			2	COST PER
		OR DAYS OF CAR			PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54	395	\$	46,633.73	\$ 118.06	3.559			
COMM HOSP INPATIENT TOTAL	8	28		39,186.93	1399.53	.252	4898.37		353.04
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	8	28		39,186.93	1399.53	.252	4898.37		353.04
ACCOMMODATIONS	8	28		12,679.46	452.84	.252	1584.93	3	114.23
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00)	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00)	.00
ALL OTHER ACCOM	8	28		12,679.46	452.84	.252	1584.93	3	114.23
ANCILLARIES	8	0		26,507.47	.00	.000	3313.43	3	238.81
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00)	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00)	.00
COMM HOSP OUTPATIENT TOTAL	51	367		7,446.80	20.29	3.306	146.02)	67.09
MEDICAL	6	7		248.05	35.44	.063	41.34		2.23
SURGERY	7	10		391.59	39.16	.090	55.94		3.53
PATHOLOGY	38	237		2,283.17	9.63	2.135	60.08	}	20.57
RADIOLOGY	20	34		2,480.09	72.94	.306	124.00)	22.34
ROOM USE	24	41		1,551.40	37.84	.369	64.64		13.98
CROSSOVERS/ALL OTH OUTPTNT	18	38		492.50	12.96	.342	27.36)	4.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	.00	.000	.00) .	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00)	.00
@NURSING FACILITY	38	1,201	\$	174,718.40	\$ 145.48	10.820	\$ 4597.85	\$	1574.04
LEV A-INTERMEDIATE	0	0	·	.00	.00	.000	.00) .	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00)	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	38	1,201		174,718.40	145.48	10.820	4597.85		1574.04
@INTERMEDIATE CARE FACILDD	0	_,====	\$.00	\$.00	.000		\$.00
	-	-						т.	

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	7 :	\$	116.58	\$	16.65	.063	\$	23.32	\$	1.05
PATHOLOGY	5	7		116.58		16.65	.063		23.32		1.05
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	15	\$	920.95	\$	61.40	.135	\$	184.19	\$	8.30
CLINIC	3	9		138.58		15.40	.081		46.19		1.25
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	6		782.37		130.40	.054		391.19		7.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF	-PAYMENT RE	PORT	FOR JAN	2003 THRU I	DEC	2003	PAG	•
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

ELI DONADO COUNTI	SOUMANT OF SERVI	ICES FOR MEDICA	יד דודה	TINDIGENI	- ADULIS	IOIAL				
							MC	ONTHLY AVERA	4GE	
111 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXP	ENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E.			PER UNIT/DAY	Y PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	23	806	\$		37,229.12	\$ 46.19	7.261	\$ 1618.66	\$	335.40
DURABLE MED. EQUIP.	1	2			38.26	19.13	.018	38.26		.34
BLOOD BANK	0	0			.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	17	448			6,256.42	13.97	4.036	368.02		56.36
AMBULANCES/AIR TRANS	15	368			4,171.19	11.33	3.315	278.08		37.58
OTHER TRANS	5	79			285.23	3.61	.712	57.05		2.57
OTHER SERVICES	1	1			1,800.00	1800.00	.009	1800.00		16.22
ACUPUNCTURE	0	0			.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0			.00	.00	.000	.00		.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0			.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00		.00
OPTICIAN	3	6			66.61	11.10	.054	22.20		.60
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00		.00
PORTABLE X-RAY	1	2			38.68	19.34	.018	38.68		.35
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00		.00
PROSTHETICS	0	0			.00	.00	.000	.00		.00
ORTHOTICS	0	0			.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0			.00	.00	.000	.00		.00
HOSPICE SERVICES	1	348		:	30,829.15	88.59	3.135	30829.15		277.74
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0			.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**		0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFORMATION	TTEM (ONLY;						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,777 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR ALL AGED

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

14,934 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11,996	399,733	5	13,903,597.12	\$ 34.78	26.767 \$	1159.02	\$	931.00
@PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM	2,211		5	119,243.90	\$ 14.93	.535	53.93		7.98
OUTPATIENT VISITS	, 99	124		5,419.01	43.70	.008	54.74		.36
OFFICE VISITS	73	85		3,168.60	37.28	.006	43.41		.21
UOME VICITO	1	1		80.10	80.10	.000	80.10		.01
HOME ATOTIO	26	28		1,946.90	69.53	.002	74.88		.13
EMERGENCI ROOM	0	0			.00				.00
FREVENTIVE CARE	0	0		.00		.000	.00		.00
OB VISITS/COMPRE PERI	9	10		.00	.00	.000	.00		
OTHER OUTPATIENT		10		223.41	22.34	.001	24.82		.01
INPATIENT VISITS	21	63		3,309.62	52.53	.004	157.60		. 22
HOSPITAL VISITS	18	55		2,535.72	46.10	.004	140.87		.17
CRITICAL CARE	1	5		608.00	121.60	.000	608.00		.04
SNF/ICF/TRANS IP CARE	3	3		165.90	55.30	.000	55.30		.01
OPHTHALMOLOGICAL SERVICES	12	13		539.58	41.51	.001	44.97		.04
EXAMINATIONS	10 2	11		489.58	44.51	.001	48.96		.03
SERVICES AND MATERIALS	2	2		50.00	25.00	.000	25.00		.00
INPATIENT HOSPITAL SURGERY	16	107		12,914.47 10,371.34 774.38	120.70	.007	807.15		.86
	13	23		10,371.34	450.93	.002	797.80		.69
ASSISTANT SURGEON	1	2		774.38	387.19	.000	774.38		.05
ANESTHESIOLOGIST	- 5	82		1,768.75	21.57	.005	353.75		.12
OUTPATIENT SURGERY	16	49		3,673.01	74.96	.003	229.56		.25
PRINCIPAL SURGEON	13	26		3,228.75	124.18	.002	248.37		. 22
ASSISTANT SURGEON	10	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	2 82 49 26 0 23		444.26	19.32	.002	148.09		.03
ANESTRESTOLOGIST		16		432.54	27.03	.002	432.54		.03
DIALYSIS	1.4	50		1,519.57	30.39		108.54		.10
PATHOLOGY	14	100				.003			.38
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	0			5,715.05	57.15		105.83		
PSYCHIATRY		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	4 2,082	7 7,460		181.14	25.88	.000	45.29		.01
OTHER SERVICES/ALL X-OVERS	2,082			85,539.91	11.47	.500	41.09	4.	5.73
@PHARMACY	10,168	186,060 \$ 45,061	5	2,764,198.97		12.459 \$		Ş	185.09
PRESCRIPTION DRUGS	10,013	45,061		2,676,452.50	59.40	3.017	267.30		179.22
SNF/ICF	2,760	17,575		827,021.50	47.06	1.177	299.65		55.38
OUTPATIENTS	7,320	27,486		1,849,431.00	67.29	1.840	252.65		123.84
MEDICAL SUPPLIES	2,002 10,168 10,013 2,760 7,320 1,121 684 446 68 0	140,999		87,746.47 118,383.65	.62	9.441	78.28		5.88
@DENTIST	684	2,364	;	118,383.65	\$ 50.08	.158 \$	173.08	\$	7.93
VISITS - DIAGNOSTIC	446	1,405		19,427.65	13.83	.094	43.56		1.30
ORAL SURGERY	68	183		8,819.00	48.19	.012	129.69		.59
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	45	183 0 0 46 43		4,503.00	97.89	.003	100.07		.30
ENDODONTICS	26	43		9,913.00	230.53	.003	381.27		.66
RESTORATIVE DENTISTRY	136	338		31,493.00	93.17	.023	231.57		2.11
PROSTHETICS	10	10		360.00	36.00	.001	36.00		.02
DENTURES, STAYPLATES	139	329		43,868.00	133.34	.022	315.60		2.94
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
	0	0							
ORTHODONTIC SERVICES				.00	.00	.000	.00		.00
ALL OTHER SERVICES	12	10		.00	.00	.001	.00	_	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S IVI	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DE	iC 2003	Р	PAGE 2,778
MOP024	FEE-FOR-SERVICE								01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR ALL AGED				_		~-	
14 024 =======		IDITES OF STREET				MON			
14,934 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			COST PER		COST PER
o o de montemp e de	0.70	OR DAYS OF CARE	4	12 021 01	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	278	731 \$,	13,031.21	\$ 17.83	.049 \$		\$.87
DIAGNOSTIC AND ANC. PROCED	33	33		1,388.63	42.08	.002	42.08		.09

EYE APPLIANCES	213	602	9,915.21	16.47	.040	46.55	.66
OTHER OPTOMETRIC SERVICES	60	96	1,727.37	17.99	.006	28.79	.12
@CHIROPRACTOR	2	2 \$	33.44	\$ 16.72	.000 \$	16.72	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	33.44	16.72	.000	16.72	.00
@PODIATRIST	431	451 \$	4,684.06	\$ 10.39	.030 \$	10.87	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	431	451	4,684.06	10.39	.030	10.87	.31
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	5	23 \$	101.13	\$ 4.40	.002 \$	20.23	\$.01
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	_	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	1,746	7,792 \$	458,320.04	\$ 58.82	.522 \$	262.50	
HOSP INPATIENT TOTAL	232	834	327,206.67	392.33	.056	1410.37	21.91
HSC HOSPITALS	6	19	22,821.29	1201.12	.001	3803.55	1.53
NON-HSC HOSPITAL TOTAL	19	92	146,655.56	1594.08	.006	7718.71	9.82
ACCOMMODATIONS	19	92	48,180.35	523.70	.006	2535.81	3.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	92	48,180.35	523.70	.006	2535.81	3.23
ANCILLARIES	19	0	98,475.21	.00	.000	5182.91	6.59
INPATIENT CROSSOVERS	207	723	157,729.82	218.16	.048	761.98	10.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,578	6,958	131,113.37	18.84	.466	83.09	8.78
MEDICAL	50	83	2,364.22	28.48	.006	47.28	.16
SURGERY	4	4	333.75	83.44	.000	83.44	.02
PATHOLOGY	70	465	5,330.39	11.46	.031	76.15	.36
RADIOLOGY	46	76	5,344.95	70.33	.005	116.19	.36
ROOM USE	45	64	2,612.12	40.81	.004	58.05	.17
CROSSOVERS/ALL OTH OUTPTNT	1,474	6,266	115,127.94	18.37	.420	78.11	7.71
	4	7 \$	58.85	\$ 8.41		14.71	
@COUNTY HOSPITAL TOTAL	0	0				.00	
CO HOSPITAL INPATIENT TOTAL	_	· ·	.00	.00	.000		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	7	58.85	8.41	.000	14.71	.00
	0	0					
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	7	58.85	8.41	.000	14.71	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	I 2003 THRU DEG	2003	PAGE 2,779
MOP024	FEE-FOR-SERVICE						01/29/04
EL DORADO COUNTY		VICES FOR ALL AGED					01/25/01
EL DORADO COUNTI	BOTHART OF BERN	TOR ALL AGED			MONT	א מישעא ע דעי	CE
14 024 ELIGIDIEG	HOEDO	INTER OF CERTICE		ATTED A CE COC	MON'		
14,934 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS		COST PER
		OR DAYS OF CARE	450 055		AY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,743	7,785 \$	458,261.19	\$ 58.86	.521 \$		
COMM HOSP INPATIENT TOTAL	232	834	327,206.67	392.33	.056	1410.37	21.91
HSC HOSPITALS	6	19	22,821.29	1201.12	.001	3803.55	1.53

NON-HSC HOSPITALS TOTAL	19	92	146,655.56	1594.08	.006	7718.71	9.82
ACCOMMODATIONS	19	92	48,180.35	523.70	.006	2535.81	3.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	92	48,180.35	523.70	.006	2535.81	3.23
ANCILLARIES	19	0	98,475.21	.00	.000	5182.91	6.59
INPATIENT CROSSOVERS	207	723	157,729.82	218.16	.048	761.98	10.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,575	6,951	131,054.52	18.85	.465	83.21	8.78
MEDICAL	50	83	2,364.22	28.48	.006	47.28	.16
SURGERY	4	4	333.75	83.44	.000	83.44	.02
PATHOLOGY	70	465	5,330.39	11.46	.031	76.15	.36
RADIOLOGY	46	76	5,344.95	70.33	.005	116.19	.36
ROOM USE	45	64	2,612.12	40.81	.004	58.05	.17
CROSSOVERS/ALL OTH OUTPINT	1,471	6,259	115,069.09	18.38	.419	78.23	7.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,858	92,214	\$	9,908,141.39	\$	107.45	6.175	\$	3466.81	\$	663.46
LEV A-INTERMEDIATE	71	2,346		120,932.59		51.55	.157		1703.28		8.10
LEV B-REHAB MD	30	954		95,386.01		99.99	.064		3179.53		6.39
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,759	88,914		9,691,822.79		109.00	5.954		3512.80		648.98
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	32	46	\$	31,542.67	\$	685.71	.003	\$	985.71	\$	2.11
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	32	46		31,542.67		685.71	.003		985.71		2.11
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	31	138	\$	1,173.32	\$	8.50	.009	\$		\$.08
PATHOLOGY	18	97		1,044.91		10.77	.006		58.05		.07
XO AND OTHERS	13	41		128.41		3.13	.003		9.88		.01
@ORGANIZED OUTPATIENT CLINIC	250	472	\$	36,238.87	\$	76.78	.032	\$		\$	2.43
CLINIC	1	2		32.49		16.25	.000		32.49		.00
SURGICENTER	65	92		13,704.76		148.96	.006		210.84		.92
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	184	378		22,501.62		59.53	.025		122.29		1.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT RI	EPORT	' FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,780
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	R ALL A	GED								
							M	ONT	HLY AVERA	GE -	

14,934 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
11/331 HEIGIBER	OBLITE	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,702	101,451 \$	448,504.47	\$ 4.42	6.793 \$		
DURABLE MED. EQUIP.	108	600	39,433.70	65.72	.040	365.13	2.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	19	23	3,979.66	173.03	.002	209.46	.27
MEDICAL TRANSPORTATION	240	4,278	23,432.16	5.48	.286	97.63	1.57
AMBULANCES/AIR TRANS	44	298	5,263.42	17.66	.020	119.62	.35
OTHER TRANS	118	2,971	9,533.44	3.21	.199	80.79	.64
OTHER SERVICES	88	1,009	8,635.30	8.56	.068	98.13	.58
ACUPUNCTURE	3	7	135.16	19.31	.000	45.05	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	410	2,761	198,085.00	71.74	.185	483.13	13.26
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	245	531	6,488.41	12.22	.036	26.48	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	60	127	707.14	5.57	.009	11.79	.05
PROSTHETIST/ORTHOTISTS	9	15	521.40	34.76	.001	57.93	.03
PROSTHETICS	9	15	521.40	34.76	.001	57.93	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	13	13	134.68	10.36	.001	10.36	.01
SPEECH AND AUDIOLOGY	26	47	6,246.09	132.90	.003	240.23	.42
HOSPICE SERVICES	42	1,281	118,237.41	92.30	.086	2815.18	7.92
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

.56 91,768 ALL OTHER PROVIDERS 658 51,103.66 6.145 77.67 3.42 .00 \$ @CALIF. CHILDREN SERVICES* 0 0 .000 \$.00 \$.00 .00 22,318 \$ @XOVER EXCLUDING STATE HOSP** 4,246 561,813.34 \$ 25.17 1.494 \$ 132.32 \$ 37.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,781 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR ALL BLIND

EL DORADO COUNTI	SUMMARY OF SERV	VICES FOR ALL BLINI)			740	NIMIT 37 NITTON	αn	
762 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		ONTHLY AVERA	(GE	COST PER
105 FFIGIRES	USERS			EXPENDITORES					
emomai ali provincio	F 7 1	OR DAYS OF CARE	4	F60 361 4F	PER UNIT/DAY		USER	4	ELIGIBLE
@TOTAL, ALL PROVIDERS	571		\$	568,361.45	\$ 20.76	35.930	\$ 995.38	\$	745.88
@PHYSICIANS SERVICES	202		\$	23,582.94	\$ 33.22	.932		Ş	30.95
OUTPATIENT VISITS	75	114		3,674.72	32.23	.150	49.00		4.82
OFFICE VISITS	38	57		1,580.74	27.73	.075	41.60		2.07
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	16	18		1,222.26	67.90	.024	76.39		1.60
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	29	39		871.72	22.35	.051	30.06		1.14
INPATIENT VISITS	19	142		6,174.35	43.48	.186	324.97		8.10
HOSPITAL VISITS	17	132		4,819.01	36.51	.173	283.47		6.32
CRITICAL CARE	4	10		1,355.34	135.53	.013	338.84		1.78
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	6	6		271.41	45.24	.008	45.24		.36
EXAMINATIONS	6	6		271.41	45.24	.008	45.24		.36
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	12	80		5,412.76	67.66	.105	451.06		7.10
PRINCIPAL SURGEON	10	17		4,287.87	252.23	.022	428.79		5.63
ASSISTANT SURGEON	1	1		113.92	113.92	.001	113.92		.15
ANESTHESIOLOGIST	4	62		1,010.97	16.31	.081	252.74		1.33
OUTPATIENT SURGERY	15	28		2,697.01	96.32	.037	179.80		3.54
PRINCIPAL SURGEON	13	15		2,419.00	161.27	.020	186.08		3.17
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	13		278.01	21.39	.017	139.01		.36
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	7	9		340.21	37.80	.012	48.60		.45
RADIOLOGY	36	68		1,803.02	26.52	.089	50.08		2.37
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	106	263		3,209.46	12.20	.345	30.28		4.21
@PHARMACY	497		\$	170,986.63	\$ 16.76	13.387		Ġ	224.39
PRESCRIPTION DRUGS	485	2,084	Υ	156,329.25	75.01	2.735	322.33	Ψ.	205.16
SNF/ICF	37	245		12,781.42	52.17	.322	345.44		16.77
OUTPATIENTS	448	1,839		143,547.83	78.06	2.413	320.42		188.38
MEDICAL SUPPLIES	95	8,117		14,657.38	1.81	10.652	154.29		19.24
@DENTIST	36	•	\$	6,475.00	\$ 35.58	.239		\$	8.50
VISITS - DIAGNOSTIC	24	107	Υ	1,225.00	11.45	.140	51.04	Υ.	1.61
ORAL SURGERY	7	46		1,906.00	41.43	.060	272.29		2.50
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	2		173.00	86.50	.003	86.50		.23
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	Λ Λ	14		666.00	47.57	.018	166.50		.87
	0	0							.00
PROSTHETICS	0			.00	.00	.000	.00		
DENTURES, STAYPLATES	0	12 0		2,505.00	208.75	.016	417.50		3.29
SPACE MAINTAINERS	0	0		.00	.00	.000			
MAXILLOFACIAL SERVICES	0			.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	U	0		.00	.00	.000	.00		.00

ORTHODONTIC SERVICES
ALL OTHER SERVICES

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL BLIND

01/29/04

EL DORADO COUNTY	SUMMARY OF SERVICE	S FOR ALL BLI	LND					O 3 T IT		~ =	
ECO EL TOTELES		-ma on annii					M			GE	
762 ELIGIBLES		ITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		R DAYS OF CARE		0 000 00		R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	11	29	\$	2,327.09	\$	80.24	.038	Ş	211.55	Ş	3.05
DIAGNOSTIC AND ANC. PROCED	4	4		245.12		61.28	.005		61.28		.32
EYE APPLIANCES	10	25		2,081.97		83.28	.033		208.20		2.73
OTHER OPTOMETRIC SERVICES	0	0	4.	.00	4.	.00	.000		.00	4.	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	4.	.00	4.	.00	.000		.00	4.	.00
@PODIATRIST	0 18 5	20	\$	249.63	\$	12.48	.026	Ş		\$.33
		5		112.20		22.44	.007		22.44		.15
SURGERY/ANES.	0 0 13 15	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	13	15	4.	137.43	4.	9.16	.020		10.57	4.	.18
@HOME HEALTH AGENCY	15	136	\$	10,112.86	\$	74.36	.178		674.19	\$	13.27
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	141	714	\$		\$	232.89	.937	\$	1179.30	\$	218.22
HOSP INPATIENT TOTAL	22	180		156,530.56		869.61	.236		7115.03		205.42
HSC HOSPITALS	4	18		21,030.00		1168.33	.024		5257.50		27.60
NON-HSC HOSPITAL TOTAL	6	95		125,649.22		1322.62	.125		20941.54		164.89
ACCOMMODATIONS	6	95		47,362.24		498.55	.125		7893.71		62.16
ADMINISTRATIVE DAYS	2	23		5,319.90		231.30	.030		2659.95		6.98
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	72		42,042.34		583.92	.094		8408.47		55.17
ANCILLARIES	6	0		78,286.98		.00	.000		13047.83		102.74
INPATIENT CROSSOVERS	12	67		9,851.34		147.03	.088		820.95		12.93
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	127	534		9,750.84		18.26	.701		76.78		12.80
MEDICAL	8	12		292.99		24.42	.016		36.62		.38
SURGERY	1	1		97.49		97.49	.001		97.49		.13
PATHOLOGY	26	117		1,415.99		12.10	.154		54.46		1.86
RADIOLOGY	14	16		904.16		56.51	.021		64.58		1.19
ROOM USE	47	88		2,956.99		33.60	.115		62.91		3.88
CROSSOVERS/ALL OTH OUTPTNT	75	300		4,083.22		13.61	.394		54.44		5.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0 0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 .000 .00 0 .00 .00 PAGE 2,783

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01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE										01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR ALL BLI	ND								
									HLY AVERA	GΕ	
762 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S			COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIC	1	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	141	714	\$	166,281.40	\$	232.89	.937	\$	1179.30	\$	218.22
COMM HOSP INPATIENT TOTAL	2.2	180		156,530.56		869.61	.236		7115.03		205.42
HSC HOSPITALS	4	18		21,030.00		1168.33	.024		5257.50		27.60
NON-HSC HOSPITALS TOTAL	4 6 6	95		125,649.22		1322.62	.125		20941.54		164.89
ACCOMMODATIONS	6	95		47,362.24		498.55	.125		7893.71		62.16
ADMINISTRATIVE DAYS	2	23		5,319.90		231.30	.030		2659.95		6.98
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	72		42,042.34		583.92	.094		8408.47		55.17
ANCILLARIES	6 2 0 5 6	0		78,286.98		.00	.000		13047.83		102.74
ANCIDIARIES	1.2	67		9,851.34		147.03			820.95		12.93
INPATIENT CROSSOVERS	0	0					.088				
ALL OTHER INPATIENT				.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	127	534		9,750.84		18.26	.701		76.78		12.80
MEDICAL	8	12		292.99		24.42	.016		36.62		.38
SURGERY	1	1		97.49		97.49	.001		97.49		.13
PATHOLOGY	26	117		1,415.99		12.10	.154		54.46		1.86
RADIOLOGY	14	16		904.16		56.51	.021		64.58		1.19
ROOM USE	47	88		2,956.99		33.60	.115		62.91		3.88
CROSSOVERS/ALL OTH OUTPTNT		300		4,083.22		13.61	.394		54.44		5.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	29	1,000	\$	146,745.45	\$	146.75	1.312	\$	5060.19	\$	192.58
LEV A-INTERMEDIATE	0	0		109.65		.00	.000		.00		.14
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ő	0		.00		.00	.000		.00		.00
LEV B-REGULAR	29	1,000		146,635.80		146.64	1.312		5056.41		192.44
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
ICF DDH	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00		\$.00	بن	
@HEMODIALYSIS TOTAL	0	0	Ą		Ą		.000	Ą		Ą	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	28	\$	541.91	\$	19.35		\$	135.48	Ş	.71
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	4	28		541.91	4.	19.35	.037	4.	135.48	4.	.71
@LABORATORY FACILITY	10	70	\$	962.79	\$	13.75	.092	Ş	96.28	Ş	1.26
PATHOLOGY	10	70		962.79		13.75	.092		96.28		1.26
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	25	38	\$	2,962.05	\$	77.95	.050	\$	118.48	\$	3.89
CLINIC	1	3		98.52		32.84	.004		98.52		.13
SURGICENTER	1	7		207.21		29.60	.009		207.21		.27
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	23	28		2,656.32		94.87	.037		115.49		3.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES	MONTH-OF-PAYMENT RI	EPOR:	r for jan 2	2003 THRU	DEC	2003	P	AGE 2,784
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
EL DORADO COUNTY		ICES FOR ALL BLI	ND								· ,
5010120 0001111	SSIMMET OF DERIV						N	IONT	HLY AVERA	GE	
762 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑVI	ERAGE COST					COST PER
, 02 22222	00210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	102	14,251		37,133.70	\$	2.61	18.702				48.73
CILL CILLIC LICOVIDING	102	11,251	~	37,133.70	4	2.01	10.702	7	301.00	7	10.75

DURABLE MED. EQUIP.	7	29	16,299.43	562.05	.038	2328.49	21.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	3	709.60	236.53	.004	354.80	.93
MEDICAL TRANSPORTATION	18	315	2,529.80	8.03	.413	140.54	3.32
AMBULANCES/AIR TRANS	14	261	2,385.72	9.14	.343	170.41	3.13
OTHER TRANS	3	22	123.21	5.60	.029	41.07	.16
OTHER SERVICES	1	32	20.87	.65	.042	20.87	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	28	137	11,044.21	80.61	.180	394.44	14.49
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	74.04	12.34	.008	24.68	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	168.00	168.00	.001	168.00	.22

PROSTHETICS	1	1	168.00	168.00	.001	168.00	.22
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	19	2,740.39	144.23	.025	249.13	3.60
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	37	13,741	3,568.23	.26	18.033	96.44	4.68
@CALIF. CHILDREN SERVICES*	19	175	\$ 34,718.81	\$ 198.39	.230	\$ 1827.31	\$ 45.56
@XOVER EXCLUDING STATE HOSP**	157	649	\$ 17,436.35	\$ 26.87	.852	\$ 111.06	\$ 22.88

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

EL DORADO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

PAGE 2,785 01/29/04

EL DORADO COUNTY	SUMMARY OF SER	VICES FOR ALL DISABL	ED				
					MON	THLY AVERA	GE
33,940 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25,556	686,495 \$	18,231,088.49	\$ 26.56	20.227 \$	713.38	\$ 537.16
@PHYSICIANS SERVICES	7,690	26,350 \$	934,115.80	\$ 35.45	.776 \$	121.47	\$ 27.52
OUTPATIENT VISITS	3,882	5,759	228,973.02	39.76	.170	58.98	6.75
OFFICE VISITS	2,371	3,171	103,662.92	32.69	.093	43.72	3.05
HOME VISITS	2	2	114.40	57.20	.000	57.20	.00
EMERGENCY ROOM	1,345	1,729	104,706.88	60.56	.051	77.85	3.09
PREVENTIVE CARE	2	2	109.63	54.82	.000	54.82	.00
OB VISITS/COMPRE PERI	21	37	2,108.50	56.99	.001	100.40	.06
OTHER OUTPATIENT	663	818	18,270.69	22.34	.024	27.56	.54
INPATIENT VISITS	450	2,138	113,672.05	53.17	.063	252.60	3.35
HOSPITAL VISITS	393	1,841	83,798.71	45.52	.054	213.23	2.47
CRITICAL CARE	40	202	26,642.68	131.89	.006	666.07	.78
SNF/ICF/TRANS IP CARE	55	95	3,230.66	34.01	.003	58.74	.10
OPHTHALMOLOGICAL SERVICES	95	109	4,712.00	43.23	.003	49.60	.14
EXAMINATIONS	82	91	4,182.00	45.96	.003	51.00	.12
SERVICES AND MATERIALS	18	18	530.00	29.44	.001	29.44	.02
INPATIENT HOSPITAL SURGERY	216	1,527	93,767.34	61.41	.045	434.11	2.76
PRINCIPAL SURGEON	153	222	68,532.22	308.70	.007	447.92	2.02
ASSISTANT SURGEON	17	17	3,079.50	181.15	.001	181.15	.09
ANESTHESIOLOGIST	85	1,288	22,155.62	17.20	.038	260.65	.65
OUTPATIENT SURGERY	594	1,730	115,283.88	66.64	.051	194.08	3.40
PRINCIPAL SURGEON	504	673	92,916.48	138.06	.020	184.36	2.74
ASSISTANT SURGEON	4	4	382.35	95.59	.000	95.59	.01
ANESTHESIOLOGIST	131	1,053	21,985.05	20.88	.031	167.82	.65
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	519	1,006	25,777.93	25.62	.030	49.67	.76
RADIOLOGY	1,513	3,073	149,212.79	48.56	.091	98.62	4.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	117	1,295	45,610.65	35.22	.038	389.83	1.34
OTHER SERVICES/ALL X-OVERS	3,437	9,713	157,106.14	16.17	.286	45.71	4.63
@PHARMACY	21,210	311,921 \$	8,688,968.25	\$ 27.86	9.190 \$	409.66	\$ 256.01
PRESCRIPTION DRUGS	20,982	86,147	8,448,398.12	98.07	2.538	402.65	248.92
SNF/ICF	445	2,875	163,087.60	56.73	.085	366.49	4.81
OUTPATIENTS	20,580	83,272	8,285,310.52	99.50	2.454	402.59	244.12
MEDICAL SUPPLIES	1,904	225,774	240,570.13	1.07	6.652	126.35	7.09
@DENTIST	2,296	9,557 \$		\$ 54.56	.282 \$		
VISITS - DIAGNOSTIC	1,409	4,858	69,447.02	14.30	.143	49.29	2.05
ORAL SURGERY	305	832	43,161.59	51.88	.025	141.51	1.27

DRUGS	3	3		.00		.00	.000		.00		.00
ANESTHESIA	5	5		500.00		100.00	.000		100.00		.01
PERIODONTICS	206	225		23,994.05		106.64	.007		116.48		.71
ENDODONTICS	202	337		83,503.08		247.78	.010		413.38		2.46
RESTORATIVE DENTISTRY	803	2,405		217,014.44		90.23	.071		270.25		6.39
PROSTHETICS	16	16		330.00		20.63	.000		20.63		.01
DENTURES, STAYPLATES	215	765		79,107.80		103.41	.023		367.94		2.33
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	6	6		550.00		91.67	.000		91.67		.02
	1	1		140.00		140.00			140.00		.00
FRACTURES, DISLOCATIONS		_					.000				
ORTHODONTIC SERVICES	27	64		3,625.00		56.64	.002		134.26		.11
ALL OTHER SERVICES	33	40		75.00		1.88	.001		2.27		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPOR'	T FOR JAN 2	003 THRU I	DEC	2003	P	AGE 2,786
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR ALL DIS	ABLED								
							MO	ОИТ	HLY AVERA	GE.	
33,940 ELIGIBLES	USERS	UNITS OF SERVICE	ı	EXPENDITURES	7\77	ERAGE COST			COST PER		COST PER
33,940 EDIGIBLES	OSEKS			EXPENDITORES							
	T.0.0	OR DAYS OF CARE		40 150 50		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	789	2,323	\$	49,158.72	\$	21.16	.068	Ş	62.31	Ş	1.45
DIAGNOSTIC AND ANC. PROCED	366	372		16,941.63		45.54	.011		46.29		.50
EYE APPLIANCES	641	1,839		29,804.42		16.21	.054		46.50		.88
OTHER OPTOMETRIC SERVICES	78	112		2,412.67		21.54	.003		30.93		.07
@CHIROPRACTOR	17	32	\$	489.06	\$	15.28	.001	Ś	28.77	Ś	.01
VISITS	17	32	Ψ	489.06	Ψ.	15.28	.001	Ψ.	28.77	Υ	.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
										4	
@PODIATRIST	158	229	\$	3,730.47	\$	16.29	.007	Ş	23.61	Ş	.11
MEDICINE/INJECTIONS	19	21		690.80		32.90	.001		36.36		.02
SURGERY/ANES.	1	1		13.00		13.00	.000		13.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	140	205		2,992.07		14.60	.006		21.37		.09
@HOME HEALTH AGENCY	159	8,586	Ś	280,271.05	\$	32.64	.253	\$	1762.71	\$	8.26
NURSE ANESTHESIST	11	82	Š	395.38	\$	4.82	.002	\$	35.94	\$.01
NURSE MIDWIFE	0	0	ć	.00	\$.00	.000	\$.00	Š	.00
PEDIATRIC NURSE PRACTITIONER		0	Ċ.	.00	Ġ.	.00	.000	\$.00	\$.00
	15	23	ب ب	607.73	\$.001		40.52		.02
FAMILY NURSE PRACTITIONER			Ş d			26.42		\$		\$	
@TOTAL HOSPITAL	6,458	35,936	\$	4,664,933.08	\$	129.81	1.059	\$		\$	137.45
HOSP INPATIENT TOTAL	553	2,929		3,874,585.26		1322.84	.086		7006.48		114.16
HSC HOSPITALS	99	683		920,682.50		1348.00	.020		9299.82		27.13
NON-HSC HOSPITAL TOTAL	245	1,510		2,787,518.81		1846.04	.044		11377.63		82.13
ACCOMMODATIONS	244	1,510		843,357.62		558.51	.044		3456.38		24.85
ADMINISTRATIVE DAYS	10	117		26,599.50		227.35	.003		2659.95		.78
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	240	1,393		816,758.12		586.33	.041		3403.16		24.06
ANCILLARIES	245	0		1,944,161.19		.00	.000		7935.35		57.28
INPATIENT CROSSOVERS	215	736		166,383.95		226.07	.022		773.88		4.90
	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT											
HOSP OUTPATIENT TOTAL	6,155	33,007		790,347.82		23.94	.973		128.41		23.29
MEDICAL	886	1,540		49,156.88		31.92	.045		55.48		1.45
SURGERY	316	345		14,980.19		43.42	.010		47.41		.44
PATHOLOGY	2,327	11,942		144,116.62		12.07	.352		61.93		4.25
RADIOLOGY	1,359	2,087		174,462.04		83.59	.061		128.38		5.14
ROOM USE	2,319	3,993		146,462.80		36.68	.118		63.16		4.32
CROSSOVERS/ALL OTH OUTPTNT	3,198	13,100		261,169.29		19.94	.386		81.67		7.70
@COUNTY HOSPITAL TOTAL	18	71	\$	49,482.89	\$	696.94		\$		\$	1.46
CO HOSPITAL INPATIENT TOTAL	5	44	Ÿ		Y	1093.59		Y	9623.60	Y	1.42
				48,118.00			.001				
HSC HOSPITALS	5	44		48,118.00		1093.59	.001		9623.60		1.42
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0 13	27		1,364.89	50.55	.001	104.99		.04
MEDICAL	5	5		113.25	22.65	.000	22.65		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	3		50.19	16.73	.000	50.19		.00
RADIOLOGY	2	3		81.14	27.05	.000	40.57		.00
ROOM USE	6	6		207.40	34.57	.000	34.57		.01
CROSSOVERS/ALL OTH OUTPTNT	5	10		912.91	91.29	.000	182.58		.03
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	DEC MON					D	AGE 2,787
MOP024	FEE-FOR-SERVICE		ICES MOI	NIII-OF-PAIMENT K	EFORT FOR UAIN	2003 IIIKO D	EC 2003	F	01/29/04
EL DORADO COUNTY		JICES FOR ALL DI	משושעם						01/29/04
EL DORADO COUNTI	SUMMARI OF SERV	VICES FOR ALL DI	SADLED			MO	NTHLY AVERA	CF.	
33,940 ELIGIBLES	USERS	UNITS OF SERVIC	다	EXPENDITURES	AVERAGE COST	-		_	COST PER
•		OR DAYS OF CAR		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,446	35,865	\$	4,615,450.19	\$ 128.69	1.057			135.99
COMM HOSP INPATIENT TOTAL	549	2,885	Ą	3,826,467.26	1326.33	.085	6969.89	Ą	112.74
		639		872,564.50	1365.52	.019	9282.60		25.71
NON-HSC HOSPITALS TOTAL	245	1,510		2,787,518.81	1846.04	.044	11377.63		82.13
ACCOMMODATIONS	243	1,510		843,357.62	558.51	.044	3456.38		24.85
ADMINISTRATIVE DAYS	10	117		26,599.50	227.35	.003	2659.95		.78
TRANSITIONAL IP CARE	10	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	240	1,393		816,758.12	586.33	.041	3403.16		24.06
ANCILLARIES	240	1,393		1,944,161.19	.00	.000	7935.35		57.28
INPATIENT CROSSOVERS	245	736		166,383.95	226.07	.022	773.88		4.90
ALL OTHER INPATIENT	94 245 244 10 0 240 245 215	0		.00	0.0	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL		32,980		788,982.93	.00 23.92 31.95 43.42	.972	128.35		23.25
MEDICAL	882	1,535		49,043.63	23.92	.045	55.61		1.45
SURGERY	316	345		14,980.19	12 12	.010	47.41		.44
PATHOLOGY	2,326	11,939		144,066.43	12.07	.352	61.94		4.24
RADIOLOGY	1,358	2,084		174,380.90	83.68	.061	128.41		5.14
ROOM USE	1,330	3,987		146,255.40	36.68	.117	63.18		4.31
CROSSOVERS/ALL OTH OUTPTNT	2,315 3,194	13,090		260,256.38	19.88	.386	81.48		7.67
@STATE HOSPITAL	3,194	13,090	ċ	.00	\$.00	.000		ċ,	.00
MENTALLY ILL	0	0	Ą	.00	.00	.000	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	334	9,864	\$	1,407,810.83	\$ 142.72		\$ 4215.00	بع	41.48
LEV A-INTERMEDIATE	6	163	Ą	4,578.38	28.09	.005	763.06	Ą	.13
LEV B-REHAB MD	7	242		26,613.38	109.97	.005	3801.91		.78
LEV B-SUBACUTE FREESTANDING	•	50		19,434.65	388.69	.007	9717.33		.78
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	2	75		43,309.95	577.47	.001	21654.98		1.28
LEV B-SUBACULE HSPIL BASED LEV B-TRANSITIONAL IP CARE	2	0		.00	.00	.002	.00		.00
LEV B-REGULAR	2 0 317 25	9,334		1,313,874.47	140.76	.275	4144.71		38.71
	317	9,334 751	Ś		\$ 123.63			۲.	2.74
@INTERMEDIATE CARE FACILDD ICF DDH	25 12	365	Ą	92,847.98 48,810.17	\$ 123.63 133.73	.022	\$ 3713.92 4067.51	\$	1.44
ICF DDH ICF DD	12	365 357		38,736.90	108.51	.011	3228.08		1.44
ICF DD ICF DDN/DDCN	1	35 / 29		5,300.91	182.79	.011	5300.91		.16
	62	91	\$		\$ 419.77			ė,	1.13
@HEMODIALYSIS TOTAL	02	91	Ş	38,199.18	\$ 419.77	.003		Ą	1.13

0

62

10

95

619

609

2,489

10

93

105

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

CLINIC

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

@ORGANIZED OUTPATIENT CLINIC

0

91

21

17

223

1,592

1,571

3,004

2,987

4,700

.00

38,199.18

24,828.20

1,075.74

23,752.46

41,406.09

41,116.01

534,752.17

4,693.79

290.08

.00

419.77

15.60

51.23

15.12

13.78

13.76

17.06

21.05

113.78

\$

\$

.000

.003

.001

.046

.088

.001

.007

.047 \$

.089 \$

.138 \$

.00

236.46 \$

66.89 \$

616.12

107.57

250.03

67.51

29.01

50.47

214.85 \$

.00

1.13

.73

.03

.70

1.22

1.21

15.76

.01

.14

SURGICENTER	78	288	14,255.42	49.50	.008	182.76	.42
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,339	4,189	515,802.96	123.13	.123	220.52	15.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,788
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR ALL DISABI	LED				

						MC	NTHLY AVERA	GE
33,940 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,486	271,454	\$	947,126.52	\$ 3.49	7.998	\$ 271.69	\$ 27.91
DURABLE MED. EQUIP.	357	1,694		268,494.14	158.50	.050	752.08	7.91
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	13		1,735.39	133.49	.000	157.76	.05
MEDICAL TRANSPORTATION	647	18,994		108,208.22	5.70	.560	167.25	3.19
AMBULANCES/AIR TRANS	563	6,332		73,296.67	11.58	.187	130.19	2.16
OTHER TRANS	32	11,603		21,166.18	1.82	.342	661.44	.62
OTHER SERVICES	62	1,059		13,745.37	12.98	.031	221.70	.40
ACUPUNCTURE	10	33		600.12	18.19	.001	60.01	.02
ADULT DAY HEALTH CARE CTR	36	593		41,200.83	69.48	.017	1144.47	1.21
GENETIC DISEASE TESTING	3	3		315.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	215	1,661		117,263.97	70.60	.049	545.41	3.46
OCCUPATIONAL THERAPIST	2	5		103.00	20.60	.000	51.50	.00
OPTICIAN	613	1,328		14,874.22	11.20	.039	24.26	.44
PHYSICAL THERAPIST	1	9		147.04	16.34	.000	147.04	.00
PORTABLE X-RAY	11	18		240.24	13.35	.001	21.84	.01
PROSTHETIST/ORTHOTISTS	68	194		25,383.54	130.84	.006	373.29	.75
PROSTHETICS	68	194		25,383.54	130.84	.006	373.29	.75
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		46.44	46.44	.000	46.44	.00
SPEECH AND AUDIOLOGY	320	850		41,347.86	48.64	.025	129.21	1.22
HOSPICE SERVICES	25	731		68,167.84	93.25	.022	2726.71	2.01
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	458	21,563		117,617.48	5.45	.635	256.81	3.47
EPSDT SUPPLEMENTAL SERVICE	1	4		117.64	29.41	.000	117.64	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	945	223,760		141,263.55		6.593	149.49	4.16
@CALIF. CHILDREN SERVICES*	428	15,903	\$	943,443.95	\$ 59.32	.469	\$ 2204.31	\$ 27.80
@XOVER EXCLUDING STATE HOSP**	4,522	36,690	\$	528,490.68	\$ 14.40	1.081	\$ 116.87	\$ 15.57
@* TOTATO IN THESE IINES ARE CIT	זבאז אכ א כביםאו	DATE THEODMATTON TO	י זעריםי	ONT V ·				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

EL DORADO COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

		DOIMMET OF DEER	THE TIME						
							MON	ITHLY AVERA	GE
	96,738 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
			OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@T(OTAL, ALL PROVIDERS	43,039	212,942	3	12,421,400.44	\$ 58.33	2.201 \$	288.61	\$ 128.40
@PI	HYSICIANS SERVICES	17,193	38,226	5	1,917,586.77	\$ 50.16	.395 \$	111.53	\$ 19.82
(OUTPATIENT VISITS	13,127	17,247		718,473.80	41.66	.178	54.73	7.43
	OFFICE VISITS	7,293	8,970		310,733.18	34.64	.093	42.61	3.21
	HOME VISITS	1	1		37.42	37.42	.000	37.42	.00
	EMERGENCY ROOM	5,246	6,060		307,903.99	50.81	.063	58.69	3.18
	PREVENTIVE CARE	103	103		4,398.41	42.70	.001	42.70	.05
	OB VISITS/COMPRE PERI	605	915		69,924.33	76.42	.009	115.58	.72
	OTHER OUTPATIENT	982	1,198		25,476.47	21.27	.012	25.94	.26
-	INPATIENT VISITS	782	2,314		134,220.06	58.00	.024	171.64	1.39
	HOSPITAL VISITS	755	1,893		85,477.83	45.15	.020	113.22	.88
	CRITICAL CARE	61	420		48,670.13	115.88	.004	797.87	.50

PAGE 2,789 01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	.00
OPHTHALMOLOGICAL SERVICES	115	144	6,267.48	43.52	.001	54.50	.06
EXAMINATIONS	104	125	5,726.48	45.81	.001	55.06	.06
SERVICES AND MATERIALS	19	19	541.00	28.47	.000	28.47	.01
INPATIENT HOSPITAL SURGERY	816	3,312	471,640.53	142.40	.034	577.99	4.88
PRINCIPAL SURGEON	596	805	405,539.99	503.78	.008	680.44	4.19
ASSISTANT SURGEON	81	82	14,736.10	179.71	.001	181.93	.15
ANESTHESIOLOGIST	240	2,425	51,364.44	21.18	.025	214.02	.53
OUTPATIENT SURGERY	1,419	3,711	234,916.23	63.30	.038	165.55	2.43
PRINCIPAL SURGEON	1,187	1,539	187,325.51	121.72	.016	157.81	1.94
ASSISTANT SURGEON	7	7	609.25	87.04	.000	87.04	.01
ANESTHESIOLOGIST	331	2,165	46,981.47	21.70	.022	141.94	.49
DIALYSIS	3	5	499.94	99.99	.000	166.65	.01
PATHOLOGY	1,970	2,700	52,468.68	19.43	.028	26.63	.54
RADIOLOGY	2,947	4,251	172,048.75	40.47	.044	58.38	1.78
PSYCHIATRY	1	6	87.54	14.59	.000	87.54	.00

IMMUNIZATION AND INJECTION	348	725	34,168.60	47.13	.007	98.19	.35
OTHER SERVICES/ALL X-OVERS	1,437	3,811	92,795.16	24.35	.039	64.58	.96
@PHARMACY	20,470	58,169 \$	•	\$ 40.82	.601 \$		\$ 24.54
PRESCRIPTION DRUGS	20,337	44,273	2,335,152.65	52.74	.458	114.82	24.14
SNF/ICF	36	177	9,780.56	55.26	.002	271.68	.10
OUTPATIENTS	20,308	44,096	2,325,372.09	52.73	. 456	114.51	24.04
MEDICAL SUPPLIES	419	13,896	39,055.55	2.81	.144	93.21	.40
@DENTIST	5,904	27,190 \$		\$ 39.66	.281 \$	182.65	
VISITS - DIAGNOSTIC	3,968	15,982	250,146.52	15.65	.165	63.04	2.59
ORAL SURGERY	800	1,553	91,006.00	58.60	.016	113.76	.94
DRUGS	55	67	1,455.00	21.72	.001	26.45	.02
ANESTHESIA	17	17	1,525.00	89.71	.000	89.71	.02
PERIODONTICS	260	268	27,630.00	103.10	.003	106.27	.29
ENDODONTICS	571	984	176,506.00	179.38	.010	309.12	1.82
RESTORATIVE DENTISTRY	2,350	7,483	477,031.23	63.75	.077	202.99	4.93
PROSTHETICS	13	14	330.00	23.57	.000	25.38	.00
DENTURES, STAYPLATES	80	389	28,206.47	72.51	.004	352.58	.29
SPACE MAINTAINERS	48	57	5,702.00	100.04	.001	118.79	.06
MAXILLOFACIAL SERVICES	10	10	1,900.00	190.00	.000	190.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	147	202	15,675.06	77.60	.002	106.63	.16
ALL OTHER SERVICES	141	164	1,275.00	7.77	.002	9.04	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,790
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMIL	IES				
					MONT	THLY AVERAC	E
96,738 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS		COST PER	COST PER
307.30 22101222	0,02113	OR DAYS OF CARE			Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1,219	3,636 \$	82,300.70	\$ 22.63	.038 \$	67.51	
DIAGNOSTIC AND ANC. PROCED	906	914	42,184.25	46.15	.009	46.56	.44
	950	2,694	•	14.56		41.29	.41
EYE APPLIANCES		,	39,223.53		.028		
OTHER OPTOMETRIC SERVICES	26	28	892.92	31.89	.000	34.34	.01
@CHIROPRACTOR	37	96 \$	•	\$ 16.50	.001 \$		\$.02
VISITS	37	96	1,584.22	16.50	.001	42.82	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	27	39 \$		\$ 39.45	.000 \$	56.99	\$.02
MEDICINE/INJECTIONS	25	32	1,134.63	35.46	.000	45.39	.01
SURGERY/ANES.	2	3	110.99	37.00	.000	55.50	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	2	3	275.74	91.91	.000	137.87	.00
@HOME HEALTH AGENCY	68	466 \$	22,159.36	\$ 47.55	.005 \$	325.87	\$.23
NURSE ANESTHESIST	9	72 \$		\$ 14.73	.001 \$	117.81	\$.01
NURSE MIDWIFE	7	48 \$	2,497.82	\$ 52.04	.000 \$		\$.03
PEDIATRIC NURSE PRACTITIONER	•	0 \$.00	\$.00	.000 \$		\$.00
	12	21 \$	635.82	•	•		•
FAMILY NURSE PRACTITIONER				\$ 30.28			
@TOTAL HOSPITAL	11,247	47,132 \$	5,499,258.35	\$ 116.68	.487 \$		\$ 56.85
HOSP INPATIENT TOTAL	792	3,108	4,369,261.97	1405.81	.032	5516.74	45.17
HSC HOSPITALS	156	881	1,151,769.49	1307.34	.009	7383.14	11.91
NON-HSC HOSPITAL TOTAL	639	2,217	3,214,277.20	1449.83	.023	5030.17	33.23
ACCOMMODATIONS	620	2,217	1,090,450.17	491.86	.023	1758.79	11.27
ADMINISTRATIVE DAYS	2	32	7,401.60	231.30	.000	3700.80	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	618	2,185	1,083,048.57	495.67	.023	1752.51	11.20
ANGTILADIDG	620	=,	2 102 007 02	2000	000	2222 67	21.20

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

639

10,916

1,590

4,765

877

4

0

10

0

44,024

2,295

1,016

18,065

2,123,827.03

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61,998.22 35,488.82

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3323.67

803.82

103.52

38.99

40.47

52.08

.00

21.95

11.68

.03

.00

.64

.37

2.57

RADIOLOGY	2,808	3,752		235,702.09	62.82	.039	83.94		2.44
ROOM USE	7,476	10,357		393,895.52	38.03	.107	52.69		4.07
CROSSOVERS/ALL OTH OUTPTNT		8,539	_	154,758.23	18.12	.088	39.88		1.60
@COUNTY HOSPITAL TOTAL	35	170	\$	54,525.36	\$ 320.74		1557.87	Ş	.56
CO HOSPITAL INPATIENT TOTAL	4	45		49,155.07	1092.33	.000	12288.77		.51
HSC HOSPITALS	4	45		49,155.07	1092.33	.000	12288.77		.51
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
	0	0							
TRANSITIONAL IP CARE	U	U		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	32	125		5,370.29	42.96	.001	167.82		.06
MEDICAL	9	12		515.17	42.93	.000	57.24		.01
SURGERY	7	9		769.97	85.55	.000	110.00		.01
	/								
PATHOLOGY	9	31		460.78	14.86	.000	51.20		.00
RADIOLOGY	6	9		1,000.96	111.22	.000	166.83		.01
ROOM USE	24	32		1,502.77	46.96	.000	62.62		.02
CROSSOVERS/ALL OTH OUTPTNT	14	32		1,120.64	35.02	.000	80.05		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	TES AND EXPENDITION	RES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DE	C 2003	P	AGE 2,791
MOP024	FEE-FOR-SERVICE			01 111111111111111111111111111111		2000 111110 22	0 2000	-	01/29/04
EL DORADO COUNTY		ICES FOR ALL FA	MITTIE	,					01/25/01
EL DORADO COUNTI	SUMMARI OF SERV	ICES FOR ALL FA	MITTIFE	•		MON		απ	
06 520 51 76757 56	Hanna		_		311ED3 GE GOG	MON			
96,738 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,219	46,962	\$	5,444,732.99	\$ 115.94	.485 \$		\$	56.28
COMM HOSP INPATIENT TOTAL	11,219 788	3,063		4,320,106.90	1410.42	.032	5482.37		44.66
HSC HOSPITALS	152	836		1,102,614.42	1318.92	.009	7254.04		11.40
NON-HSC HOSPITALS TOTAL	152 639 620	2,217		3,214,277.20	1449.83	.023	5030.17		33.23
ACCOMMODATIONS	620	2,217		1,090,450.17	491.86	.023	1758.79		11.27
	2	32		7,401.60	231.30	.000	3700.80		.08
ADMINISTRATIVE DAYS	2								
TRANSITIONAL IP CARE	0 618	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	618	2,185		1,083,048.57	495.67	.023	1752.51		11.20
ANCILLARIES	639	0		2,123,827.03	.00	.000	3323.67		21.95
INPATIENT CROSSOVERS	4	10		3,215.28	321.53	.000	803.82		.03
ALL OTHER INPATIENT	0	0 43,899 2,283		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	10 891	43 899		1,124,626.09	25.62	.454	103.26		11.63
MEDICAL	1,581	2,283		61,483.05	26.93	.024	38.89		.64
SURGERY	870	1,007		34,718.85	34.48		39.91		.36
						.010			
PATHOLOGY	4,757	18,034		247,692.72	13.73	.186	52.07		2.56
RADIOLOGY	2,802	3,743		234,701.13	62.70	.039	83.76		2.43
ROOM USE	7,458	10,325		392,392.75	38.00	.107	52.61		4.06
CROSSOVERS/ALL OTH OUTPTNT	3,868	8,507		153,637.59	18.06	.088	39.72		1.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	'	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
	1	11	بخ		\$ 236.38		2600.18	بي	.03
@NURSING FACILITY	1		Ą					Ą	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	1	11		2,600.18	236.38	.000	2600.18		.03
	· ·	0	ċ.	· ·				۲۰	
@INTERMEDIATE CARE FACILDD	U		\$.00	\$.00	.000 \$		Þ	.00
ICF DDH	U	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	_	270		E 150 00	A 06 F1	000 4	1/12/1 67	-	
	5	270	\$	7,158.33	\$ 26.51	.003 \$	1431.67	Ş	.07

HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	5	270		7,158.33		26.51	.003		1431.67		.07
@REHABILITATION FACILITY	31	163	\$	3,763.97	\$	23.09		\$	121.42	\$.04
HOSPITAL BASED	9	20	·	973.89	·	48.69	.000	·	108.21	•	.01
INDEPENDENT FACILITY	22	143		2,790.08		19.51	.001		126.82		.03
@LABORATORY FACILITY	1,393	4,168	\$	73,585.75	\$	17.65	.043	\$	52.83	\$.76
PATHOLOGY	1,393	4,168		73,585.75		17.65	.043		52.83		.76
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5,907	11,195	\$		\$	98.42	.116	\$	186.54	\$	11.39
CLINIC	1,092	3,371		65,175.22		19.33	.035		59.68		.67
SURGICENTER	112	691		24,472.33		35.42	.007		218.50		.25
HEROIN DETOX CLINIC	2	14		175.95		12.57	.000		87.98		.00
RURAL HEALTH CLINIC	4,740	7,119		1,012,039.14		142.16	.074		213.51		10.46
#CALIF DEPT OF HEALTH SERV			RES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU I	DEC	2003	PΙ	AGE 2,792
MOP024	FEE-FOR-SERVICE	'									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR ALL FA	MILIE	IS							
			_						HLY AVERA	_	
96,738 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	5 (COST PER		COST PER
	2 405	OR DAYS OF CAR		051 011 10		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	3,495	22,040	\$	251,211.13	\$	11.40	.228	Ş	71.88	\$	2.60
DURABLE MED. EQUIP.	84	180		24,313.07		135.07	.002		289.44		. 25
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	L 0.181		425.53		425.53	.000		425.53		.00
MEDICAL TRANSPORTATION	655	8,171		110,022.69		13.47	.084		167.97		1.14
AMBULANCES/AIR TRANS	650	8,082		87,743.22		10.86	.084		134.99		.91
OTHER TRANS	3	40		113.09		2.83	.000		37.70		.00

		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	3,495	22,040	\$	251,211.13	\$ 11.40	.228	\$ 71.88	\$	2.60
DURABLE MED. EQUIP.	84	180		24,313.07	135.07	.002	289.44		.25
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	1	1		425.53	425.53	.000	425.53		.00
MEDICAL TRANSPORTATION	655	8,171		110,022.69	13.47	.084	167.97		1.14
AMBULANCES/AIR TRANS	650	8,082		87,743.22	10.86	.084	134.99		.91
OTHER TRANS	3	40		113.09	2.83	.000	37.70		.00
OTHER SERVICES	14	49		22,166.38	452.38	.001	1583.31		.23
ACUPUNCTURE	2	4		75.69	18.92	.000	37.85		.00
ADULT DAY HEALTH CARE CTR	1	5		347.90	69.58	.000	347.90		.00
GENETIC DISEASE TESTING	155	156		16,005.50	102.60	.002	103.26		.17
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	913	1,925		17,485.78	9.08	.020	19.15		.18
PHYSICAL THERAPIST	1	6		99.75	16.63	.000	99.75		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	41	60		4,716.56	78.61	.001	115.04		.05
PROSTHETICS	41	60		4,716.56	78.61	.001	115.04		.05
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	3	8		484.23	60.53	.000	161.41		.01
SPEECH AND AUDIOLOGY	6	17		2,857.11	168.07	.000	476.19		.03
HOSPICE SERVICES	1	3		403.89	134.63	.000	403.89		.00
NONINST BIRTHING CENTERS	1	1		1,125.19	1125.19	.000	1125.19		.01
LOCAL EDUCATION AGENCIES	1,617	7,040		67,966.47	9.65	.073	42.03		.70
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	48	4,463		4,881.77	1.09	.046	101.70		.05
@CALIF. CHILDREN SERVICES*	281	4,698	\$	432,565.11	\$ 92.07	.049		\$	4.47
@XOVER EXCLUDING STATE HOSP**	143	690	\$	16,632.54	\$ 24.11	.007	\$ 116.31	\$.17

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,793 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

						MON	THLY AVERA	GE ·	
4,018 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	Y PER ELIG	USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,976	24,224	\$	1,032,805.42	\$ 42.64	6.029 \$	522.67	\$	257.04
@PHYSICIANS SERVICES	815	2,297	\$	95,699.99	\$ 41.66	.572 \$	117.42	\$	23.82

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	551	714		32,047.39	44.8	3 .178		58.16		7.98
OFFICE VISITS	264	315		11,015.08	34.9	7 .078		41.72		2.74
HOME VISITS	0	0		.00	.0			.00		.00
EMERGENCY ROOM	279	336		18,185.71	54.1			65.18		4.53
	4	4								
PREVENTIVE CARE				177.22	44.3			44.31		.04
OB VISITS/COMPRE PERI	15	19		1,760.72	92.6			117.38		.44
OTHER OUTPATIENT	36	40		908.66	22.7	2 .010		25.24		.23
INPATIENT VISITS	41	108		5,219.18	48.3	3 .027		127.30		1.30
HOSPITAL VISITS	34	96		4,384.25	45.6			128.95		1.09
CRITICAL CARE	3	6		659.80	109.9			219.93		.16
SNF/ICF/TRANS IP CARE	3	6		175.13	29.1			43.78		.04
	4	0								
OPHTHALMOLOGICAL SERVICES	5	-/		284.27	40.6			56.85		.07
EXAMINATIONS	4	6		254.27	42.3			63.57		.06
SERVICES AND MATERIALS	1	1		30.00	30.0	.000		30.00		.01
INPATIENT HOSPITAL SURGERY	47	372		23,281.03	62.5	.093		495.34		5.79
PRINCIPAL SURGEON	29	52		17,235.23	331.4			594.32		4.29
ASSISTANT SURGEON	3	3		495.11	165.0			165.04		.12
ANESTHESIOLOGIST	24	317		5,550.69	17.5			231.28		1.38
OUTPATIENT SURGERY	97	253		15,454.64	61.0			159.33		3.85
PRINCIPAL SURGEON	84	109		12,858.21	117.9	7 .027		153.07		3.20
ASSISTANT SURGEON	1	1		13.54	13.5	4 .000		13.54		.00
ANESTHESIOLOGIST	16	143		2,582.89	18.0			161.43		.64
DIALYSIS	0	0		.00	.0			.00		.00
PATHOLOGY	96	122		2,428.74	19.9			25.30		.60
RADIOLOGY	194	369		10,191.33	27.6			52.53		2.54
PSYCHIATRY	0	0		.00	.0			.00		.00
IMMUNIZATION AND INJECTION	15	21		2,410.52	114.7			160.70		.60
OTHER SERVICES/ALL X-OVERS	79	331		4,382.89	13.2	4 .082		55.48		1.09
@PHARMACY	861	2,114	\$	113,331.22	\$ 53.6		Ś	131.63	Ś	28.21
PRESCRIPTION DRUGS	858	2,084	•	112,276.20	53.8		•	130.86	•	27.94
	35	247			44.1			311.73		2.72
SNF/ICF				10,910.38						
OUTPATIENTS	824	1,837		101,365.82	55.1			123.02		25.23
MEDICAL SUPPLIES	19	30		1,055.02	35.1			55.53		.26
@DENTIST	246	1,264	\$	52,118.17	\$ 41.2		\$	211.86	\$	12.97
VISITS - DIAGNOSTIC	153	710		9,972.00	14.0	5 .177		65.18		2.48
ORAL SURGERY	38	91		8,252.00	90.6	.023		217.16		2.05
DRUGS	1	1		25.00	25.0			25.00		.01
ANESTHESIA	1	1		100.00	100.0			100.00		.02
	5	5								
PERIODONTICS				513.00	102.6			102.60		.13
ENDODONTICS	22	51		9,658.00	189.3	7 .013		439.00		2.40
RESTORATIVE DENTISTRY	97	359		21,781.50	60.6			224.55		5.42
PROSTHETICS	0	0		.00	.0	.000		.00		.00
DENTURES, STAYPLATES	2	15		599.00	39.9	3 .004		299.50		.15
SPACE MAINTAINERS	4	4		351.00	87.7			87.75		.09
MAXILLOFACIAL SERVICES	0	Ō		.00	.0			.00		.00
	1	1								
FRACTURES, DISLOCATIONS				140.00	140.0			140.00		.03
ORTHODONTIC SERVICES	10	12		651.67	54.3			65.17		.16
ALL OTHER SERVICES	8	14		75.00	5.3			9.38		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES N	MONTH-OF-PAYMENT RI	EPORT FOR J	AN 2003 THRU	DEC	2003	PI	AGE 2,794
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR ALL MEI	OTCAT	LLY INDIGENT						
EE BOIGEO COORTI	BOILING OF BEILT	1010 1010 1111 1111	J I C/ 11			N	//ONTT	HIV MIRDA	CF.	
4 010 ELICIPIEC	USERS	INTER OF CEDUTO	7	EADEMDIATIOEC	ATTED ACE C	OST UNITS/DAY				COST PER
4,018 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES						
		OR DAYS OF CAR			- ,	DAY PER ELIC		USER		ELIGIBLE
@OPTOMETRIST	43	115	\$	2,693.33	\$ 23.4		\$	62.64	\$.67
DIAGNOSTIC AND ANC. PROCED	32	32		1,454.03	45.4	4 .008		45.44		.36
EYE APPLIANCES	31	82		1,215.30	14.8	2 .020		39.20		.30
OTHER OPTOMETRIC SERVICES	1	1		24.00	24.0			24.00		.01
@CHIROPRACTOR	0	0	\$.00	\$.0		Ś	.00	\$.00
VISITS	0	0	Y	.00	.0		Y	.00	Y	.00
A TOTIO	U	U		.00	. 0	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	13	200	\$ 6,946.18	\$ 34.73	.050	\$ 534.32	\$ 1.73
NURSE ANESTHESIST	1	9	\$ 137.97	\$ 15.33	.002	\$ 137.97	\$.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	519	2,816	\$ 485,959.70	\$ 172.57	.701	\$ 936.34	\$ 120.95
HOSP INPATIENT TOTAL	44	195	419,311.21	2150.31	.049	9529.80	104.36
HSC HOSPITALS	8	40	45,276.00	1131.90	.010	5659.50	11.27
NON-HSC HOSPITAL TOTAL	37	155	374,035.21	2413.13	.039	10109.06	93.09
ACCOMMODATIONS	36	155	87,868.04	566.89	.039	2440.78	21.87

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	155	87,868.04	566.89	.039	2440.78	21.87
ANCILLARIES	37	0	286,167.17	.00	.000	7734.25	71.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	499	2,621	66,648.49	25.43	.652	133.56	16.59
MEDICAL	82	111	2,005.50	18.07	.028	24.46	.50
SURGERY	61	72	2,381.09	33.07	.018	39.03	.59
	236	1,114	14,294.38	12.83	.277	60.57	3.56
PATHOLOGY							
RADIOLOGY	192	289	17,273.80	59.77	.072	89.97	4.30
ROOM USE	366	502	19,750.26	39.34	.125	53.96	4.92
CROSSOVERS/ALL OTH OUTPINT	225	533	10,943.46	20.53	.133	48.64	2.72
@COUNTY HOSPITAL TOTAL	4	14 \$	423.20	\$ 30.23	.003	105.80	\$.11
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0						
NON-HSC HOSPITALS TOTAL	U	0 0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0 0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Ö	.00	.00	.000	.00	.00
	0						
INPATIENT CROSSOVERS	Ü	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	14	423.20	30.23	.003	105.80	.11
MEDICAL	2	2	48.18	24.09	.000	24.09	.01
SURGERY	2	2	58.78	29.39	.000	29.39	.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	2	3	67.74	22.58	.001	33.87	.02
ROOM USE	2	3	201.50	67.17	.001	100.75	.05
CROSSOVERS/ALL OTH OUTPTNT	1	4	47.00	11.75	.001	47.00	.01
	_	4 ES AND EXPENDITURES MO					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	4 ES AND EXPENDITURES MON					PAGE 2,795
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	/DENTAL	NTH-OF-PAYMENT RE				
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		NTH-OF-PAYMENT RE		2003 THRU DE	EC 2003	PAGE 2,795 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR ALL MEDICALL	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	CC 2003 THLY AVERA	PAGE 2,795 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	/DENTAL TICES FOR ALL MEDICALL UNITS OF SERVICE	NTH-OF-PAYMENT RE	EPORT FOR JAN 2 AVERAGE COST	2003 THRU DE	CC 2003 JTHLY AVERA COST PER	PAGE 2,795 01/29/04 GE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	//DENTAL TICES FOR ALL MEDICALL UNITS OF SERVICE OR DAYS OF CARE	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES	EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY	2003 THRU DE MON UNITS/DAYS PER ELIG	CC 2003 THLY AVERA COST PER USER	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL TICES FOR ALL MEDICALL UNITS OF SERVICE	NTH-OF-PAYMENT RE	EPORT FOR JAN 2 AVERAGE COST	2003 THRU DE	CC 2003 WTHLY AVERA COST PER USER	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	//DENTAL TICES FOR ALL MEDICALL UNITS OF SERVICE OR DAYS OF CARE	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50	AVERAGE COST PER UNIT/DAY \$ 173.28	2003 THRU DE MON UNITS/DAYS PER ELIG .697 \$	CC 2003 WITHLY AVERA COST PER USER 942.79	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44	//DENTAL TICES FOR ALL MEDICALL UNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31	MON UNITS/DAYS PER ELIG .697 .049	CC 2003 WITHLY AVERA COST PER USER 942.79 9529.80	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8	COUNTAL CICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90	MON UNITS/DAYS PER ELIG .697 \$.049 .010	THLY AVERA COST PER USER 942.79 9529.80 5659.50	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37	UNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13	MON UNITS/DAYS PER ELIG .697 S .049 .010 .039	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36	JOENTAL JOENTAL JUNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89	MON UNITS/DAYS PER ELIG .697 S .049 .010 .039 .039	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0	JOENTAL JOENTA	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00	MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .039 .039	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0	COUNTAL CICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155 0 0	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89	MON UNITS/DAYS PER ELIG .697 S .049 .010 .039 .039	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0	JOENTAL JOENTA	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00	MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .039 .039	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0	COUNTAL CICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155 0 0	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 87,868.04	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00	MON UNITS/DAYS PER ELIG .697 S .049 .010 .039 .039 .000 .000	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 0 36 37	JOENTAL JOENTA	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 87,868.04 286,167.17	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89	MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .039 .000 .000 .039	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 36 37 0	JOENTAL JOENTA	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 .00 .87,868.04 .286,167.17 .00	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00	MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .039 .000 .000 .039	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 36 37 0 0	UNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155 0 0 155	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 .00 .87,868.04 286,167.17 .00 .00	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00	2003 THRU DE MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .039 .000 .000 .039 .000	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 .7734.25	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 36 37 0 0 495	JOENTAL JOENTA	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00	MON UNITS/DAYS PER ELIG .697 S .049 .010 .039 .039 .000 .000 .039 .000	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 36 37 0 0 495 80	UNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155 0 0 155 0 2,607 109	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29 1,957.32	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 25.40 17.96	2003 THRU DE MON UNITS/DAYS PER ELIG .697 S .049 .010 .039 .039 .000 .000 .039 .000 .000 .00	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00 133.79 24.47	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00 16.48 .49
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 36 37 0 0 495	JOENTAL JOENTA	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00	MON UNITS/DAYS PER ELIG .697 S .049 .010 .039 .039 .000 .000 .039 .000	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 36 37 0 0 495 80	### TOTAL TOTAL	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29 1,957.32 2,322.31	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 25.40 17.96	2003 THRU DE MON UNITS/DAYS PER ELIG .697 S .049 .010 .039 .039 .000 .000 .039 .000 .000 .00	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00 133.79 24.47	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00 16.48 .49
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 36 37 0 495 80 59 236	### JOENTAL FICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155 0 0 2,607 109 70 1,114	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29 1,957.32 2,322.31 14,294.38	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 .00 .00 .00 .00	2003 THRU DE MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .039 .000 .000 .039 .000 .000 .00	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00 133.79 24.47 39.36 60.57	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00 16.48 .49 .58 3.56
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 0 36 37 0 0 495 80 59 236 190	### COUNTAL COUNTAIL COUNTAIL COUNTAIL	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29 1,957.32 2,322.31 14,294.38 17,206.06	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 .00 25.40 17.96 33.18 12.83 60.16	2003 THRU DE MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .039 .000 .000 .039 .000 .000 .00	CC 2003 ITHLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00 133.79 24.47 39.36 60.57 90.56	PAGE 2,795 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 0 36 37 0 0 495 80 59 236 190 364	### COUNTAL CICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155 0 0 0 155 0 0 0 0 0 0 0 0 0 0	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29 1,957.32 2,322.31 14,294.38 17,206.06 19,548.76	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 25.40 17.96 33.18 12.83 60.16 39.18	2003 THRU DE MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .039 .000 .000 .000 .039 .000 .000	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00 133.79 24.47 39.36 60.57 90.56 53.71	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00 16.48 .49 .58 3.56 4.28 4.87
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 0 36 37 0 0 495 80 59 236 190 364 224	### COUNTAL CICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155 0 0 0 1555 0 0 0 0 1555 0 0 0 155 0 0 0 155 155	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29 1,957.32 2,322.31 14,294.38 17,206.06 19,548.76 10,896.46	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 .00 25.40 17.96 33.18 12.83 60.16 39.18 20.60	2003 THRU DE MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .039 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00 133.79 24.47 39.36 60.57 90.56 53.71 48.64	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00 16.48 .49 .58 3.56 4.28 4.87 2.71
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 0 36 37 0 0 495 80 59 236 190 364 224 0	### COUNTAL ### CICES FOR ALL MEDICALL ### UNITS OF SERVICE OR DAYS OF CARE 2,802	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 .00 .00 .00 .00 .00 66,225.29 1,957.32 2,322.31 14,294.38 17,206.06 19,548.76 10,896.46 .00	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 25.40 17.96 33.18 12.83 60.16 39.18 20.60 \$.00	2003 THRU DE MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .039 .000 .000 .000 .039 .000 .010 .000 .010 .010 .010 .010 .01	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00 133.79 24.47 39.36 60.57 90.56 53.71 48.64	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00 16.48 .49 .58 3.56 4.28 4.87 2.71 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 0 36 37 0 0 495 80 59 236 190 364 224 0 0	### COUNTAL CICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155 0 0 0 1555 0 0 0 0 1555 0 0 0 155 0 0 0 155 155	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29 1,957.32 2,322.31 14,294.38 17,206.06 19,548.76 10,896.46 .00 .00	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 25.40 17.96 33.18 12.83 60.16 39.18 20.60 \$.00 .00	2003 THRU DE MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .000 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00 133.79 24.47 39.36 60.57 90.56 53.71 48.64	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00 16.48 .49 .58 3.56 4.28 4.87 2.71 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 0 36 37 0 0 495 80 59 236 190 364 224 0	### COUNTAL COUNTAINS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155 0 0 0 155 0 0 0 0 0 0 0 0 0 0	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 .00 .00 .00 .00 .00 66,225.29 1,957.32 2,322.31 14,294.38 17,206.06 19,548.76 10,896.46 .00	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 25.40 17.96 33.18 12.83 60.16 39.18 20.60 \$.00	2003 THRU DE MON UNITS/DAYS PER ELIG .697 \$.049 .010 .039 .000 .000 .000 .000 .000 .000 .00	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00 133.79 24.47 39.36 60.57 90.56 53.71 48.64	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00 16.48 .49 .58 3.56 4.28 4.87 2.71 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 36 37 0 0 495 80 59 236 190 364 224 0 0 0	### COUNTAL COUNTAINS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155 0 0 0 155 0 0 0 0 0 0 0 0 0 0	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29 1,957.32 2,322.31 14,294.38 17,206.06 19,548.76 10,896.46 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 25.40 17.96 33.18 12.83 60.16 39.18 20.60 \$.00 .00	2003 THRU DE MON UNITS/DAYS PER ELIG .697 S .049 .010 .039 .000 .000 .000 .039 .000 .000 .017 .277 .017 .277 .071 .124 .132 .000 .000 .000	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 .00 .00 2440.78 .00 .00 133.79 24.47 39.36 60.57 90.56 53.71 48.64 .00 .00	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00 16.48 .49 .58 3.56 4.28 4.87 2.71 \$.00 .00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 36 37 0 0 495 80 59 236 190 364 224 0 0 0 38	### COUNTAL ### CICES FOR ALL MEDICALL ### UNITS OF SERVICE OR DAYS OF CARE 2,802	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29 1,957.32 2,322.31 14,294.38 17,206.06 19,548.76 10,896.46 .00 .00 .00 174,718.40	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 25.40 17.96 33.18 12.83 60.16 39.18 20.60 \$.00 .00 \$ \$ 145.48	2003 THRU DE MON UNITS/DAYS PER ELIG .697 S .049 .010 .039 .000 .000 .000 .039 .000 .000 .017 .277 .017 .277 .071 .124 .132 .000 .000 .000 .000 .299 \$	C 2003 STHLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 7734.25 .00 .00 133.79 24.47 39.36 60.57 90.56 53.71 48.64 .00 .00 .00 4597.85	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00 16.48 .49 .58 3.56 4.28 4.87 2.71 \$.00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 4,018 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 515 44 8 37 36 0 0 36 37 0 0 495 80 59 236 190 364 224 0 0 0	### COUNTAL COUNTAINS OF SERVICE OR DAYS OF CARE 2,802 \$ 195 40 155 155 0 0 0 155 0 0 0 0 0 0 0 0 0 0	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 485,536.50 419,311.21 45,276.00 374,035.21 87,868.04 .00 .00 87,868.04 286,167.17 .00 .00 66,225.29 1,957.32 2,322.31 14,294.38 17,206.06 19,548.76 10,896.46 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 173.28 2150.31 1131.90 2413.13 566.89 .00 .00 566.89 .00 .00 25.40 17.96 33.18 12.83 60.16 39.18 20.60 \$.00 .00	2003 THRU DE MON UNITS/DAYS PER ELIG .697 S .049 .010 .039 .000 .000 .000 .039 .000 .000 .017 .277 .017 .277 .071 .124 .132 .000 .000 .000	THLY AVERA COST PER USER 942.79 9529.80 5659.50 10109.06 2440.78 .00 .00 2440.78 .00 .00 2440.78 .00 .00 133.79 24.47 39.36 60.57 90.56 53.71 48.64 .00 .00	PAGE 2,795 01/29/04 GE COST PER ELIGIBLE \$ 120.84 104.36 11.27 93.09 21.87 .00 .00 21.87 71.22 .00 .00 16.48 .49 .58 3.56 4.28 4.87 2.71 \$.00 .00

LEV B-REHAB MD	0	0	.0	0	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.0	0	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.0	0	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.0	0	.00	.000		.00		.00
LEV B-REGULAR	38	1,201	174,718.4	0	145.48	.299		4597.85		43.48
@INTERMEDIATE CARE FACILDD	0	0 :	\$.0	0 \$.00	.000	\$.00	\$.00
ICF DDH	0	0	.0	0	.00	.000		.00		.00
ICF DD	0	0	.0	0	.00	.000		.00		.00
ICF DDN/DDCN	0	0	.0	0	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 :	\$.0	0 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.0	0	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.0	0	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 :	\$.0	0 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.0	0	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.0	0	.00	.000		.00		.00
@LABORATORY FACILITY	67	154	\$ 3,228.4	7 \$	20.96	.038	\$	48.19	\$.80
PATHOLOGY	67	154	3,228.4	7	20.96	.038		48.19		.80
XO AND OTHERS	0	0	.0	0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	231	452	\$ 37,934.5	6 \$	83.93	.112	\$	164.22	\$	9.44
CLINIC	47	180	2,965.4	2	16.47	.045		63.09		.74
SURGICENTER	5	15	565.1	7	37.68	.004		113.03		.14
HEROIN DETOX CLINIC	0	0	.0	0	.00	.000		.00		.00
RURAL HEALTH CLINIC	181	257	34,403.9	7	133.87	.064		190.08		8.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN 2003	THRU	DEC	2003	PAG	E 2,796
MOP024	FEE-FOR-SERVICE/DENTA	ĄL								01/29/04

SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

EL DORADO COUNTY

----- MONTHLY AVERAGE -----4,018 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG 60,037.43 @ALL OTHER PROVIDERS 13,602 4.41 3.385 \$ 384.86 \$ 14.94 DURABLE MED. EQUIP. 10 20 3,245.95 162.30 .005 324.60 .00 BLOOD BANK 0 0 .00 .000 .00 .00 0 .00 .000 .00 HEARING AID DISPENSERS .00 .00 895 17,742.61 19.82 .223 311.27 MEDICAL TRANSPORTATION 4.42 812 10,257.38 12.63 .202 186.50 2.55 AMBULANCES/AIR TRANS OTHER TRANS 79 285.23 3.61 .020 57.05 .07 OTHER SERVICES 7,200.00 1800.00 .001 1800.00 1.79 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .000 .00 .00 262.50 87.50 87.50 GENETIC DISEASE TESTING 3 .001 .07 IHMC, MODEL-NF, NF, AIDS, MSSP 56.46 9.41 .001 14.12 .01 .00 OCCUPATIONAL THERAPIST 0 .00 .000 .00 .00 OPTICIAN 626.32 9.49 .016 18.98 .16 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .000 PORTABLE X-RAY 38.68 19.34 38.68 .01 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 PSYCHOLOGIST 0 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 0 .00 .00 .000 .00 .00 HOSPICE SERVICES 30,829.15 88.59 .087 30829.15 7.67 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 561 3,765.89 6.71 104.61 .94 .140 .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 ALL OTHER PROVIDERS 11,701 3,469.87 .30 2.912 266.91 .86 13 112 .028 @CALIF. CHILDREN SERVICES* 48,509.76 433.12 \$ 2694.99 12.07 @XOVER EXCLUDING STATE HOSP** 0 0 .00 .00 .000 \$.00 \$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,797 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

DE DOMINE COUNTY	BONNING OF BENEVIOL	1010	KLIMIL D.	LILLIDID		MID CODED	, _ MC	NTHLY AVER	\CE	
00 ELIGIBLES	USERS UN	TTTC OF	SERVICE		EXPENDITURES	AVERAGE COST			AGE:	COST PER
OO EDIGIBLES			OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	JK DAIS	0 CARE	\$.00	\$.00	.000		\$.00
@PHYSICIANS SERVICES	0		0	្ \$.00	\$.00	.000			
	0		0	Ş	.00	.00	.000	.00	Ą	.00
OUTPATIENT VISITS										.00
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		Ö		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0							
DIALYSIS	0		-		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000		\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00		.00
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	0		0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00		.00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		Ö		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		Ö		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00
VIII OTHEK SEKATCES	U		U		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,798 01/29/04

SUMMARY OF SERVICES FOR RENAL DIALYSIS

EL DORADO COUNTY

AID CODES 71

EL DORADO COUNTY	SUMMARY OF SERVICES FO	R RENAL DI	ALYSIS		AID CODES			
						MONTE	HLY AVERAG	
00 ELIGIBLES		OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR DA	YS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	Ő		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		\$.00
	0	0	Ą	.00	•	·	.00	•
VISITS	0	0			.00	.000		.00
OTHER SERVICES	U	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	•
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	S	.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	Š	.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	Ô	Š	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ċ.	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0	ς. Υ	.00	\$.00	.000 \$		\$.00
	0	0	Ą	.00	.00	.000 \$.00	•
HOSP INPATIENT TOTAL	0	0						.00
HSC HOSPITALS	U	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	ñ		.00	.00	.000	.00	.00
RADIOLOGY	0	ñ		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
	0	0	ė.					
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	Ü	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	Ö		.00	.00	.000	.00	.00
MEDICAL	Ô	ñ		.00	.00	.000	.00	.00
SURGERY	0	n		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00			.00
RADIOLOGY	0	0				.000	.00	
ROOM USE	U	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U CAL GERLINGS	0	G MONTE	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		P MON.I.	H-OF-PAYMENT RE	FLOKI LOK TAN	ZUU3 THRU DEC	∠003	PAGE 2,799
MOP024	FEE-FOR-SERVICE/DENTAL		A T 1/0 T 0		YID CODEC	71		01/29/04

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ROOM USE	0	•									
CROSSOVERS/ALL OTH OUTPTNT	U	0		.00		.00	.000	4.	.00	4.	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00			.000		.00		.00
	0		4		4	.00		4		4	
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	Ü	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	'	.00	•	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	0	Ą	.00	Ą		.000	Ų	.00	Ą	.00
	0					.00					
XO AND OTHERS	U	0		.00		.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	Ü	0	\$.00	\$.00	.000	Ş	.00	\$.00
CLINIC	0	0	•	.00		.00	.000		.00		.00
CLINIC SURGICENTER	0 0	0 0	•	.00		.00	.000		.00		.00
	0 0 0	0 0 0	•								
SURGICENTER	0 0 0 0	0 0 0 0	·	.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	-	0	·	.00 .00 .00	EPOR'	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	P	.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	MEDI-CAL SERVIC	0 0 CES AND EXPENDITUR	·	.00 .00 .00	EPOR'	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	P	.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 0 CES AND EXPENDITUR C/DENTAL	RES MO	.00 .00 .00 .00 NTH-OF-PAYMENT RI	EPOR'	.00 .00 .00 T FOR JAN 2	.000 .000 .000 2003 THRU	DEC	.00 .00 .00	P	.00 .00 .00 PAGE 2,800
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 CES AND EXPENDITUR	RES MO	.00 .00 .00 .00 NTH-OF-PAYMENT RI	EPOR'	.00 .00 .00	.000 .000 .000 2003 THRU		.00 .00 .00		.00 .00 .00 PAGE 2,800
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 0 0 ES AND EXPENDITUR C/DENTAL VICES FOR RENAL I	RES MO	.00 .00 .00 NTH-OF-PAYMENT RI		.00 .00 .00 I FOR JAN 2	.000 .000 .000 2003 THRU 71	TNO	.00 .00 .00 2 2003	GE	.00 .00 .00 PAGE 2,800 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 0 ES AND EXPENDITUR 7/DENTAL 7/ICES FOR RENAL I UNITS OF SERVICE	RES MO DIALYS	.00 .00 .00 .00 NTH-OF-PAYMENT RI	AV	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST	.000 .000 .000 2003 THRU 71 M UNITS/DAY	ONT	.00 .00 .00 2 2003 THLY AVERA	GE	.00 .00 .00 PAGE 2,800 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITURE COLUMN COLU	RES MO DIALYS E	.00 .00 .00 NTH-OF-PAYMENT RI IS EXPENDITURES	AV. PE	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG	ONT	.00 .00 .00 2 2003 CHLY AVERA COST PER USER	GE	.00 .00 .00 PAGE 2,800 01/29/04 COST PER ELIGIBLE
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 0 ES AND EXPENDITURE COMPANY COM	RES MO DIALYS	.00 .00 .00 NTH-OF-PAYMENT RI IS EXPENDITURES .00	AV	.00 .00 .00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000	ONT	.00 .00 .00 2 2003 THLY AVERA COST PER USER .00	GE	.00 .00 .00 PAGE 2,800 01/29/04 COST PER ELIGIBLE .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITUR //DENTAL /ICES FOR RENAL I UNITS OF SERVICE OR DAYS OF CARE 0 0	RES MO DIALYS E	.00 .00 .00 NTH-OF-PAYMENT RI IS EXPENDITURES .00 .00	AV. PE	.00 .00 .00 I FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT	.00 .00 .00 2003 THLY AVERA COST PER USER .00 .00	GE	.00 .00 .00 PAGE 2,800 01/29/04 COST PER ELIGIBLE .00 .00
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HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
@* TOTALC IN TURCE LINES ARE CIVEN AS	א כבטעסעב	TMEODMATTON T	TEM ONLY.					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,801 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY	SUMMARY OF SERV		ΤΟΤΔΙ. Ι		TERAI. NIITRITION	AID CODES	73		01/25/01
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00 ELIGIBLES	USERS	UNITS OF	SEDVICE	7	EXPENDITURES	AVERAGE COST			COST PER
00 EDIGIBLES	OSERS	OR DAYS			EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OK DAIS	OF CARE	\$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0		0	\$ \$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0		0	Ą	.00	.00	.000 \$.00	.00
OFFICE VISITS	0		0		.00		.000		
	0		0		.00	.00		.00	.00
HOME VISITS	0		0			.00	.000	.00	.00
EMERGENCY ROOM	U		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	U		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0		0	т.	.00	.00	.000	.00	.00
SNF/ICF	0		Ô		.00	.00	.000	.00	.00
OUTPATIENTS	0		Ô		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		Ô		.00	.00	.000	.00	.00
@DENTIST	0		Ô	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0		Ô	Ψ	.00	.00	.000	.00	.00
ORAL SURGERY	0		Ô		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		n		.00	.00	.000	.00	.00
PERIODONTICS	0		n		.00	.00	.000	.00	.00
ENDODONTICS	0		n		.00	.00	.000	.00	.00
HIVE OPOINT I CO	O		J		.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DI	EC 2003	PAGE	2,802
MOP024	FEE-FOR-SERVICE/DENTA	L					01/	29/04
EL DORADO COUNTY	SUMMARY OF SERVICES F	OR TOTAL PARE	NTERAL NUTRITION	AID CODES	73			
					MON	NTHLY AVERAG	E	
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
	OP T	AVC OF CAPE		DEB IMITT/DAV	DED ELTC	HIGED	FT.TCT	DIF

EL DORADO COUNTI	SUMMARY OF SERV	VICES FOR	IOIAL P	AKENIE	RAL NUIRIIION	P	TD CODES					
00 51 53 53							3.CF COCE	MO				
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY:	S (COST PER
OODHOMEHD TOH	0	OR DAYS	OF CARE		0.0			PER ELIG	4	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	Ş	
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000				.00
NURSE MIDWIFE	0		Ö	S	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ś	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		Ö	\$P \$P \$P \$P	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	0		0	Š	.00	Š	.00	.000		.00		.00
HOSP INPATIENT TOTAL	0		0	Ÿ	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0									
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		Ō	*	.00	т	.00	.000	т.	.00	-T	.00
HSC HOSPITALS	n		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	n		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
	0		0									
ALL OTHER ACCOM	0		U		.00		.00	.000		.00		.00
ANCILLARIES	0		U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ü		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.0
MEDICAL	0	0		.00	.00	.000	.00	.0
SURGERY	0	0		.00	.00	.000	.00	.0
PATHOLOGY	0	0		.00	.00	.000	.00	.0
RADIOLOGY	0	0		.00	.00	.000	.00	.0
ROOM USE	0	0		.00	.00	.000	.00	.0
	0	0		.00	.00	.000	.00	.0
CROSSOVERS/ALL OTH OUTPTNT	-	_						
		CES AND EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU L	DEC 2003	PAGE 2,
	FEE-FOR-SERVIO							01/29
EL DORADO COUNTY	SUMMARY OF SER	VICES FOR TOTAL P	ARENTE	RAL NUTRITION	AID CODES	73		
						MC	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PE
00 HHIOIBHB	овыкв	OR DAYS OF CARE		HALL BIND I TOKED	PER UNIT/DAY		USER	ELIGIBL
COMMINITELY HOOD THAT HORAT	0			0.0				
COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	•	•
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.0
HSC HOSPITALS	0	0		.00	.00	.000	.00	.0
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.0
ACCOMMODATIONS	0	0		.00	.00	.000	.00	. 0
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.0
	0	0						
TRANSITIONAL IP CARE	0	Ü		.00	.00	.000	.00	.0
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.0
ANCILLARIES	0	0		.00	.00	.000	.00	.0
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.0
ALL OTHER INPATIENT	n	0		.00	.00	.000	.00	. 0
	0	0		.00	.00	.000	.00	.0
COMM HOSP OUTPATIENT TOTAL	0	U						
MEDICAL	Ü	Ü		.00	.00	.000	.00	.0
SURGERY	0	0		.00	.00	.000	.00	.0
PATHOLOGY	0	0		.00	.00	.000	.00	.0
RADIOLOGY	0	0		.00	.00	.000	.00	.0
ROOM USE	0	0		.00	.00	.000	.00	.0
	0	0						
CROSSOVERS/ALL OTH OUTPTNT	U			.00	.00	.000	.00	.0
STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	•
MENTALLY ILL	0	0		.00	.00	.000	.00	.0
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.0
NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.0
LEV A-INTERMEDIATE	0	0	Ψ	.00	.00	.000	.00	.0
	0	0						
LEV B-REHAB MD	U	0		.00	.00	.000	.00	.0
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.0
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.0
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.0
LEV B-REGULAR	Û	0		.00	.00	.000	.00	. 0
INTERMEDIATE CARE FACILDD	Ŏ	0	\$.00	\$.00		\$.00	
	0		ų		•		•	•
ICF DDH	0	0		.00	.00	.000	.00	.0
ICF DD	0	0		.00	.00	.000	.00	.0
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.0
HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.0
HOSPITAL BASED	n	0	т	.00	.00	.000	.00	.0
	0	0		.00	.00	.000	.00	.0
HEMODIALYSIS CENTER	0		à					
REHABILITATION FACILITY	0	0	Ş	.00	\$.00		\$.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.0
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.0
LABORATORY FACILITY	ñ	0	\$.00	\$.00		\$.00	
PATHOLOGY	0	0	Ŧ	.00	.00	.000	.00	.0
	0	ŭ						
XO AND OTHERS	0	0		.00	.00	.000	.00	.0
ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		\$.00	\$.0
CLINIC	0	0		.00	.00	.000	.00	.0
SURGICENTER	Ô	0		.00	.00	.000	.00	. 0
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.0
TIETTOTIA DELOV CHIMIC		ŭ						
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.0

EL DORADO COUNTI	SOUTH OF SERV	TCES FOR	IOIAL F	MI/TINI.	EKAD MOIKTITON	AID CODES	13			
							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,805
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

----- MONTHLY AVERAGE -----

00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @TOTAL, ALL PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 .00 .00 .000 0 \$ \$.00 \$.00 OUTPATIENT VISITS .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 OTHER OUTPATIENT .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 **EXAMINATIONS** .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 .00 .000 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 0 .00 .000 @PHARMACY .00 \$.00 \$.00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,806
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56	57		
					MONTH	LY AVERAG	E

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,807
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56	57		

----- MONTHLY AVERAGE -----EXPENDITURES 00 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 .00 \$.00 .000 \$.00 \$.00 .00 COMM HOSP INPATIENT TOTAL 0 0 .00 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .000 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 .00 .00 .00 SURGERY .000 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 .00 ROOM USE .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 0 @STATE HOSPITAL .00 .00 .000 .00 .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY .00 .00 .000 Ś .00 .00 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING 0 .00 .00 .000 .00 .00 0 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 LEV B-REGULAR .00 .00 .000 .00 .00 0 @INTERMEDIATE CARE FACIL.-DD .00 .000 \$.00 \$.00 .00 ICF DDH 0 .00 .000 .00 .00 .00 ICF DD 0 .00 .00 .000 .00 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .00 @HEMODIALYSIS TOTAL .00 \$.000 .00 \$.00 HOSPITAL BASED 0 .00 .00 .000 .00 .00 0 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 .00 0 .00 .000 .00 .00 @REHABILITATION FACILITY \$ \$ \$ HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE	2,808
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	R IRCA ALIENS	AID	CODES	51 52 56	57			
						M	ONTHLY AVERA	AGE	
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVER.	AGE COST	'UNITS/DAY	S COST PER	COS	T PER
	OR DA	YS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000	\$.00	\$.00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	•
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,809
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						MC	TNC	HLY AVERA	.GE	
1,084 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	496	2,639 \$	354,340.94	\$	134.27	2.435	\$	714.40	\$	326.88
@PHYSICIANS SERVICES	271	698 \$	56,157.22	\$	80.45	.644	\$	207.22	\$	51.81
OUTPATIENT VISITS	142	227	13,195.14		58.13	.209		92.92		12.17
OFFICE VISITS	25	25	1,333.57		53.34	.023		53.34		1.23
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	52	57	3,633.49		63.75	.053		69.87		3.35

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	1	1	37.39	37.39	.001	37.39	.03
OB VISITS/COMPRE PERI	74	144	8,190.69	56.88	.133	110.69	7.56
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	49	101	4,557.76	45.13	.093	93.02	4.20
HOSPITAL VISITS	48	97	4,088.21	42.15	.089	85.17	3.77
CRITICAL CARE	3	4	469.55	117.39	.004	156.52	.43
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	47	167	29,078.54	174.12	.154	618.69	26.83
PRINCIPAL SURGEON	35	47	25,451.89	541.53	.043	727.20	23.48
ASSISTANT SURGEON	5	5	982.04	196.41	.005	196.41	.91
ANESTHESIOLOGIST	13	115	2,644.61	23.00	.106	203.43	2.44
OUTPATIENT SURGERY	11	18	2,052.88	114.05	.017	186.63	1.89
PRINCIPAL SURGEON	11	18	2,052.88	114.05	.017	186.63	1.89

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	58	81		1,591.83		19.65	.075		27.45		1.47
RADIOLOGY	56	73		4,160.07		56.99	.067		74.29		3.84
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	5		102.70		20.54	.005		25.68		.09
OTHER SERVICES/ALL X-OVERS	23	26		1,418.30		54.55	.024		61.67		1.31
@PHARMACY	149	317	\$	20,644.96	\$	65.13	.292	\$	138.56	\$	19.05
PRESCRIPTION DRUGS	142	290		19,927.67		68.72	.268		140.34		18.38
SNF/ICF	8	65		2,763.74		42.52	.060		345.47		2.55
OUTPATIENTS	134	225		17,163.93		76.28	.208		128.09		15.83
MEDICAL SUPPLIES	9	27		717.29		26.57	.025		79.70		.66
@DENTIST	14	84	\$	726.00	\$	8.64	.077	\$	51.86	\$.67
VISITS - DIAGNOSTIC	12	29		300.00		10.34	.027		25.00		.28
ORAL SURGERY	2	3		138.00		46.00	.003		69.00		.13
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		118.00		59.00	.002		59.00		.11
ENDODONTICS	3	20		.00		.00	.018		.00		.00
RESTORATIVE DENTISTRY	5	28		170.00		6.07	.026		34.00		.16
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	2		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M	ONTH-OF-PAYMENT R	EPOR'	T FOR JAN	2003 THRU	DEC	2003	PA	
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR MI/MN	ALIEN	WITHOUT SIS AID	CODE	55 58 5F					

							M	ГИC	HLY AVERA	GE.	
1,084 ELIGIBLES	USERS	UNITS OF SERVICE	£	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	€		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	5	\$	52.24	\$	10.45	.005	\$	13.06	\$.05
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	5		52.24		10.45	.005		13.06		.05
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	222	1,054	\$	242,960.50	\$	230.51	.972	\$	1094.42	\$	224.13
HOSP INPATIENT TOTAL	47	181		225,757.24		1247.28	.167		4803.35		208.26
HSC HOSPITALS	5	12		14,919.00		1243.25	.011		2983.80		13.76
NON-HSC HOSPITAL TOTAL	42	169		210,838.24		1247.56	.156		5019.96		194.50
ACCOMMODATIONS	42	169		85,453.86		505.64	.156		2034.62		78.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	42	169		85,453.86		505.64	.156		2034.62		78.83
ANCILLARIES	42	0		125,384.38		.00	.000		2985.34		115.67

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	198	873		17,203.26	19.71	.805	86.89		15.87
MEDICAL	9	18		298.73	16.60	.017	33.19		.28
SURGERY	12	12		290.34	24.20	.011	24.20		.27
PATHOLOGY	147	637		9,611.88	15.09	.588	65.39		8.87
RADIOLOGY	38	41		2,681.37	65.40	.038	70.56		2.47
ROOM USE	70	90		3,147.99	34.98	.083	44.97		2.90
CROSSOVERS/ALL OTH OUTPTNT	48	75		1,172.95	15.64	.069	24.44		1.08
@COUNTY HOSPITAL TOTAL	1	2	\$	2,379.00	\$ 1189.50	.002	\$ 2379.00	\$	2.19
CO HOSPITAL INPATIENT TOTAL	1	2		2,379.00	1189.50	.002	2379.00		2.19
HSC HOSPITALS	1	2		2,379.00	1189.50	.002	2379.00		2.19
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE	2,811
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	OR MI/MN A	LIEN W	ITHOUT SIS AID	CODE 55 58 5F				

EL DONADO COUNTI	SUMMART OF SER	VICES FOR MI/MN AI	11.17.17	WIIIIOOI SIS AID (20DE 33 36 3F				
							ITHLY AVERA	-	
1,084 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	,	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	221	1,052	\$	240,581.50	\$ 228.69	.970		\$	221.94
COMM HOSP INPATIENT TOTAL	46	179		223,378.24	1247.92	.165	4856.05		206.07
HSC HOSPITALS	4	10		12,540.00	1254.00	.009	3135.00		11.57
NON-HSC HOSPITALS TOTAL	42	169		210,838.24	1247.56	.156	5019.96		194.50
ACCOMMODATIONS	42	169		85,453.86	505.64	.156	2034.62		78.83
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	42	169		85,453.86	505.64	.156	2034.62		78.83
ANCILLARIES	42	0		125,384.38	.00	.000	2985.34		115.67
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	198	873		17,203.26	19.71	.805	86.89		15.87
MEDICAL	9	18		298.73	16.60	.017	33.19		.28
SURGERY	12	12		290.34	24.20	.011	24.20		.27
PATHOLOGY	147	637		9,611.88	15.09	.588	65.39		8.87
RADIOLOGY	38	41		2,681.37	65.40	.038	70.56		2.47
ROOM USE	70	90		3,147.99	34.98	.083	44.97		2.90
CROSSOVERS/ALL OTH OUTPTNT	48	75		1,172.95	15.64	.069	24.44		1.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	9	276	\$	23,317.75	\$ 84.48	.255	2590.86	\$	21.51
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00

LEV B-REGULAR	9	276		23,317.75		84.48	. 255		2590.86		21.51
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	41	\$	616.62	\$	15.04	.038	\$	41.11	\$.57
PATHOLOGY	15	41		616.62		15.04	.038		41.11		.57
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	25	\$	1,815.05	\$	72.60	.023	\$	95.53	\$	1.67
CLINIC	8	13		353.07		27.16	.012		44.13		.33
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	12		1,461.98		121.83	.011		132.91		1.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	IONTH-OF-PAYMENT RI	EPORT	' FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,812
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

1,084 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	31	139 \$	8,050.60	\$ 57.92	.128 \$	259.70	\$ 7.43
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	114	5,943.95	52.14	.105	457.23	5.48
AMBULANCES/AIR TRANS	13	112	2,343.95	20.93	.103	180.30	2.16
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.002	1800.00	3.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	17	17	1,761.00	103.59	.016	103.59	1.62
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	8	345.65	43.21	.007	172.83	.32
@CALIF. CHILDREN SERVICES*	1	1 \$	16.80	\$ 16.80	.001 \$	16.80	
@XOVER EXCLUDING STATE HOSP**	4	5 \$	52.24	\$ 10.45	.005 \$	13.06	\$.05

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

EL DORADO COUNTY

EL DORADO COUNTY	SUMMARY OF SERVICES FOR	REFUGEE	S		AID (CODES	01 02 08					
										THLY AVERA	GE	
08 ELIGIBLES	USERS UNITS O	F SERVICE		EXP	ENDITURES	AVE:	RAGE COST	UNITS/DA	AYS	COST PER		COST PER
	OR DAY	S OF CARE				PER	UNIT/DAY	PER ELI	[G	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4	12	\$		1,356.67	\$	113.06	1.500) \$	339.17		169.58
@PHYSICIANS SERVICES	0	0	\$.00	\$.00) \$.00	\$.00
OUTPATIENT VISITS	0	0	Ψ.		.00	Υ	.00	.000		.00	~	.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
	0	0										
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000)	.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000)	.00		.00
INPATIENT VISITS	0	0			.00		.00	.000)	.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000)	.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
	0	0										
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000)	.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000)	.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000)	.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
	0	0			.00		.00			.00		
DIALYSIS	0	0						.000				.00
PATHOLOGY	U	U			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000)	.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000)	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000)	.00		.00
@PHARMACY	4	12	\$		1,356.67	\$	113.06	1.500) \$	339.17	\$	169.58
PRESCRIPTION DRUGS	1	6			1,356.67		226.11	.750		1356.67		169.58
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	1	6			1,356.67		226.11	.750		1356.67		169.58
MEDICAL SUPPLIES	2	6			.00		.00	.750		.00		.00
	0	0	۲,			\$.00				\$.00
@DENTIST	0	0	\$.00	Ą) \$.00	Ą	
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	Ü	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000)	.00		.00
PERIODONTICS	0	0			.00		.00	.000)	.00		.00
ENDODONTICS	0	0			.00		.00	.000)	.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000)	.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
	0	0										
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	U	Ü			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	Ü	Ü			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR:	ES I	MONTH-OF	-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	J DE	2003	P.	AGE 2,814
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	REFUGEE	S		AID (CODES	01 02 08	0A				
									MON	THLY AVERA	GE	
08 ELIGIBLES	USERS UNITS O	F SERVICE		EXF	ENDITURES	AVE	RAGE COST					COST PER
		S OF CARE					TINITT/DAV			HOFF		FI.TGTRI.F

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER

ELIGIBLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	j
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	•	.00	.00	j
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00	į
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00	į
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	i
VISITS	0	0		.00		.00	.000		.00	.00	į
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	i
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00	į.
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	1
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	1
OTHER	0	0		.00		.00	.000		.00	.00	į.
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	1
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	Į
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00		.00	.000		ė	.00
	0	0	Ą	.00		.00	.000	.00	Ą	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00				.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0								
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	Ü	0		.00		.00	.000	.00		.00
ANCILLARIES	U	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	U	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	U	U		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
			RES N	MONTH-OF-PAYMENT	REPOR	T FOR JAN 2	2003 THRU I	DEC 2003	PA	GE 2,815
	FEE-FOR-SERVICE									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR REFUGEE	ES	AID	CODE	S 01 02 08				
								ONTHLY AVERA	_	
08 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			_	OST PER
		OR DAYS OF CARE	C			R UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	•	\$.00
COMM HOSP INPATIENT TOTAL	0	0		. 0.0		. 00	. 000	. 0.0		. 0.0

					MON	IHLY AVERAGE	
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	Ō	т.	.00	-	.00	.000	-	.00	т	.00
DEVELOP. DISABLED	0	Ō		.00		.00	.000		.00		.00
@NURSING FACILITY	0	Ō	Ġ	.00	\$.00	.000	Ś	.00	\$.00
LEV A-INTERMEDIATE	0	0	т.	.00	-	.00	.000	-	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	Ō		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	Ō		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ġ	.00	\$.00	.000	Ś	.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITUR	ES M	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	003 THRU	DEC	2003	PAGE	2,816
MOP024	FEE-FOR-SERVICE/DENT	ΓAL								0	1/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR REFUGEE	S	AID	CODES	3 01 02 08	0A				
							M	ONTH	ILY AVERA	GE	
08 ELIGIBLES		rs of service		EXPENDITURES		RAGE COST			COST PER		T PER
	OR	DAYS OF CARE	}			R UNIT/DAY	PER ELIG		USER		GIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00

						111111 1111111111	
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,817 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

EL DORADO COUNTI	SUMMARI OF SERV	ICES FOR BCCIP-FEDERAL	A.	ID CODES OM ON			
						NTHLY AVERA	
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	46	465 \$	32,155.07	\$ 69.15	16.607		\$ 1148.40
@PHYSICIANS SERVICES	33	233 \$	9,734.36	\$ 41.78	8.321	\$ 294.98	\$ 347.66
OUTPATIENT VISITS	13	20	695.16	34.76	.714	53.47	24.83
OFFICE VISITS	9	16	550.72	34.42	.571	61.19	19.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.036	44.60	1.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	99.84	33.28	.107	33.28	3.57
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	Ô	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	20	1,887.44	94.37	.714	943.72	67.41
PRINCIPAL SURGEON	1	1	1,520.10	1520.10	.036	1520.10	54.29
	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON ANESTHESIOLOGIST	1	19	367.34	19.33	.679	367.34	13.12
OUTPATIENT SURGERY	8	10	785.85	78.59	.357	98.23	28.07
	0	7	705.85	100.84			
PRINCIPAL SURGEON	0				.250	100.84	25.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	3	80.00	26.67	.107	80.00	2.86
DIALYSIS	•	0	.00	.00	.000	.00	.00
PATHOLOGY	10	20	972.29	48.61	.714	97.23	34.72
RADIOLOGY	9	61	4,762.24	78.07	2.179	529.14	170.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	72	219.36	3.05	2.571	219.36	7.83
OTHER SERVICES/ALL X-OVERS	7	30	412.02	13.73	1.071	58.86	14.72
@PHARMACY	24	72 \$	4,815.17	\$ 66.88	2.571		\$ 171.97
PRESCRIPTION DRUGS	24	72	4,815.17	66.88	2.571	200.63	171.97
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	72	4,815.17	66.88	2.571	200.63	171.97
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 0 0 .00 .00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY

ALL OTHER SERVICES

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR BCCTP-FEDERAL

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AID CODES OM ON OP

EL DORADO COUNTY	SUMMARY OF SERVICES FOR	BCCTP-	FEDERAL	A.	ID C	ODES OM ON					
							MC				
28 ELIGIBLES	USERS UNITS OF			EXPENDITURES				S C			COST PER
		OF CAR				R UNIT/DAY		4.	USER		ELIGIBLE
@OPTOMETRIST	1	4	\$	100.56	\$.143	\$	100.56	Ş	3.59
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.036		47.45		1.69
EYE APPLIANCES	1	3		53.11		17.70	.107		53.11		1.90
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0 0 0	\$ \$		\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		\$		\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	24	131	\$	16,514.35	\$	126.06	4.679	\$	688.10	\$	589.80
HOSP INPATIENT TOTAL	2	9		13,095.75		1455.08	.321		6547.88		467.71
HSC HOSPITALS	1	4		4,824.00		1206.00	.143		4824.00		172.29
NON-HSC HOSPITAL TOTAL	1	5		8,271.75		1654.35	.179		8271.75		295.42
ACCOMMODATIONS	1	5 5 0		2,665.00		533.00	.179		2665.00		95.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	5		2,665.00		533.00	.179		2665.00		95.18
ANCILLARIES	1	0		5,606.75		.00	.000		5606.75		200.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	23	122		3,418.60		28.02	4.357		148.63		122.09
MEDICAL	2	2		37.03		18.52	.071		18.52		1.32
SURGERY	2	2		166.62		83.31	.071		83.31		5.95
PATHOLOGY	13	72		579.59		8.05	2.571		44.58		20.70
RADIOLOGY	8	9		1,339.48		148.83	.321		167.44		47.84
ROOM USE	6	11		613.69		55.79	.393		102.28		21.92
CROSSOVERS/ALL OTH OUTPTNT	4	26		682.19		26.24	.929		170.55		24.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	·	.00	.000		.00	·	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	Ō		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ō	Ō		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	•	•									

RADIOLOGY	0	0	.0	0 .	.000	.00	.00
ROOM USE	0	0	.0	0 .	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.0	0 .	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR	JAN 2003 THRU	DEC 2003	PAGE 2,819
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-FED	ERAL	AID CODES 01	M ON OP		
					N	ONTHLY AVERA	GE
28 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURE	S AVERAGE	COST UNITS/DAY	S COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT	/DAY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	131 \$	16,514.3	5 \$ 126.	06 4.679	\$ 688.10	\$ 589.80
COMM HOSP INPATIENT TOTAL	2	9	13,095.7	5 1455.	321	6547.88	467.71
HSC HOSPITALS	1	4	4,824.0	0 1206.	.143	4824.00	172.29
NON-HSC HOSPITALS TOTAL	1	5	8,271.7	5 1654.	35 .179	8271.75	295.42
ACCOMMODATIONS	1	5	2,665.0	0 533.	.179	2665.00	95.18
ADMINISTRATIVE DAYS	0	0	.0	0 .	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0	0 .	.000	.00	.00

ALL OTHER ACCOM	1	5		2,665.00		533.00	.179		2665.00		95.18
ANCILLARIES	1	0		5,606.75		.00	.000		5606.75		200.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	23	122		3,418.60		28.02	4.357		148.63		122.09
MEDICAL	2	2		37.03		18.52	.071		18.52		1.32
SURGERY	2	2		166.62		83.31	.071		83.31		5.95
PATHOLOGY	13	72		579.59		8.05	2.571		44.58		20.70
RADIOLOGY	8	9		1,339.48		148.83	.321		167.44		47.84
ROOM USE	6	11		613.69		55.79	.393		102.28		21.92
CROSSOVERS/ALL OTH OUTPTNT	4	26		682.19		26.24	.929		170.55		24.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
MENTALLY ILL	0	0	Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	۲.	.00	بع	.00
	0	0	Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00			.000		.00		
	0	0				.00					.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U	-		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00	4.	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	13	\$	217.98	\$	16.77	.464	\$	72.66	\$	7.79
PATHOLOGY	3	13		217.98		16.77	.464		72.66		7.79
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	8	\$	724.73	\$	90.59	.286	\$	241.58	\$	25.88
CLINIC	1	2	•	49.25	•	24.63	.071		49.25	•	1.76
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	6		675.48		112.58	.214		337.74		24.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MONT		EPORT			DEC		PΑ	AGE 2,820
MOP024	FEE-FOR-SERVICE/I			-	_						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICE		EDERAL	A	ID CO	DES OM ON	0P				,,
							M	ONTE	HLY AVERA	GE -	
28 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
20 221012225	022112	OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	2	4	\$	47.92	\$	11.98	.143		23.96		1.71
DURABLE MED. EQUIP.	0	0	٧	.00	Υ	.00	.000	٧	.00	٧	.00
BLOOD BANK	Õ	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
	0	0									.00
OTHER SERVICES	0	0		.00		.00	.000		.00		
ACUPUNCTURE	0	U		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	U		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	Ü	U		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	Ü	U		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	1	2		26.08		13.04	.071		26.08		.93
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	Ō	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	21.84	10.92	.071	21.84	.78
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	51	\$ 894.07	\$ 17.53	1.821	\$ 178.81	\$ 31.93

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,821 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 3 3 260.63 \$ 86.88 .000 \$ 86.88 \$.00 @PHYSICIANS SERVICES 0 0 \$.00 \$.00 .000 \$.00 \$.00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 .00 .00 OFFICE VISITS .000 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 **EXAMINATIONS** .00 .00 .000 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 DIALYSIS .00 .000 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 .00 .00 **PSYCHIATRY** .00 .000 .00 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 @PHARMACY 32.09 32.09 .000 16.05 .00 32.09 32.09 16.05 PRESCRIPTION DRUGS .000 .00 0 .00 .00 .000 .00 .00 SNF/ICF 32.09 OUTPATIENTS 1 32.09 .000 16.05 .00 .00 .00 .000 .00 .00 MEDICAL SUPPLIES @DENTIST .00 \$.00 .000 \$.00 \$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 2,822
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR BCCTP-STATE-O	NLY AID CODES	0R 0T 0U	0V		
					MONT	HLY AVERAG	E

							M	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
NURSE MIDWIFE	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
FAMILY NURSE PRACTITIONER	0	0	S	.00	Ė	.00	.000	\$.00	Ė	.00
@TOTAL HOSPITAL	0	0	\$.00	Š	.00	.000	Š	.00	Š	.00
HOSP INPATIENT TOTAL	0	0	т	.00	т.	.00	.000	т	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	~	.00	~	.00	.000	٧	.00	~	.00
HSC HOSPITALS	0	n		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ô	n		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
30111121112	3	ŭ		.00							

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES MO	ONTH-OF-PAYMENT REP	PORT FOR JAN 2	2003 THRU D	DEC 2003	PAGE 2,823
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	BCCTP-STATE	-ONLY AID CO	DES OR OT OU	0V		
					MC	ONTHLY AVERAG	E
00 ELIGIBLES		F SERVICE			UNITS/DAYS		COST PER
	OR DAY	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	·	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00

00 FIIGIPIES	CALCO	UNITS OF SERVICE	EVERNOTIONES	AVERAGE COST		COSI PER	COSI PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	Û	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	Ô	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	
PATHOLOGY	0	0 3	.00	.00	.000 \$.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
VO WIND OTHERS	U	U	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	2	2 \$	228.54	\$	114.27	.000	114.27	\$.00)
CLINIC	0	0	.00		.00	.000	.00	.00)
SURGICENTER	0	0	.00		.00	.000	.00	.00)
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00)
RURAL HEALTH CLINIC	2	2	228.54		114.27	.000	114.27	.00)
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU DI	EC 2003	PAGE 2,8	324
MOP024	FEE-FOR-SERVICE/DENT	AL						01/29/	04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR BCCTP-STA	TE-ONLY AID	CODES	OR OT OU	0V			
						MOI	THLY AVERAC	}E	-
00 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVER.	AGE COST	UNITS/DAYS	COST PER	COST PER	2
	OR	DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE	3
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000	.00	\$.00)
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00	.00)
BLOOD BANK	0	0	.00		.00	.000	.00	.00)
	O .								
HEARING AID DISPENSERS	Ö	0	.00		.00	.000	.00	.00)
HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0 0	0	.00		.00	.000	.00	.00	

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

SUMMARY OF SERVICES FOR BCCTP-TOTAL

AMBIII AMGEG /ATB EBANG

EL DORADO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,825 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER COST PER 28 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 16.714 \$ 661.54 \$ 1157.70 @TOTAL, ALL PROVIDERS 49 468 \$ 32,415.70 \$ 69.26

ordine, nee ricovere			7	32,123.70	T.			7 002.02	7	
@PHYSICIANS SERVICES	33	233	\$	9,734.36	\$	41.78	8.321	•	\$	347.66
OUTPATIENT VISITS	13	20		695.16		34.76	.714	53.47		24.83
OFFICE VISITS	9	16		550.72		34.42	.571	61.19		19.67
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	1	1		44.60		44.60	.036	44.60		1.59
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	3	3		99.84		33.28	.107	33.28		3.57
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2	20		1,887.44		94.37	.714	943.72		67.41
PRINCIPAL SURGEON	1	1		1,520.10		1520.10	.036	1520.10		54.29
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1	19		367.34		19.33	.679	367.34		13.12
OUTPATIENT SURGERY	8	10		785.85		78.59	.357	98.23		28.07
PRINCIPAL SURGEON	7	7		705.85		100.84	.250	100.84		25.21
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1	3		80.00		26.67	.107	80.00		2.86
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	10	20		972.29		48.61	.714	97.23		34.72

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	9	61		4,762.24		78.07	2.179		529.14		170.08
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	72		219.36		3.05	2.571		219.36		7.83
OTHER SERVICES/ALL X-OVERS	7	30		412.02		13.73	1.071		58.86		14.72
@PHARMACY	26	73	\$	4,847.26	\$	66.40	2.607	\$	186.43	\$	173.12
PRESCRIPTION DRUGS	26	73		4,847.26		66.40	2.607		186.43		173.12
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	26	73		4,847.26		66.40	2.607		186.43		173.12
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF	-PAYMENT RE	PORT	FOR JAN 20	03 THRU	DEC	2003	PA	
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	BCCTP-TO	TAL								

						M	ONT	HLY AVERA	GE.	
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$	25.14	.143	\$	100.56	\$	3.59
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.036		47.45		1.69
EYE APPLIANCES	1	3	53.11		17.70	.107		53.11		1.90
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	24	131	\$ 16,514.35	\$	126.06	4.679	\$	688.10	\$	589.80
HOSP INPATIENT TOTAL	2	9	13,095.75		1455.08	.321		6547.88		467.71
HSC HOSPITALS	1	4	4,824.00		1206.00	.143		4824.00		172.29
NON-HSC HOSPITAL TOTAL	1	5	8,271.75		1654.35	.179		8271.75		295.42
ACCOMMODATIONS	1	5	2,665.00		533.00	.179		2665.00		95.18
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	5	2,665.00		533.00	.179		2665.00		95.18
ANCILLARIES	1	0	5,606.75		.00	.000		5606.75		200.24
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	23	122	3,418.60		28.02	4.357		148.63		122.09
MEDICAL	2	2	37.03		18.52	.071		18.52		1.32

SURGERY	2	2	166.62	83.31	.071	83.31	5.95
PATHOLOGY	13	72	579.59	8.05	2.571	44.58	20.70
RADIOLOGY	8	9	1,339.48	148.83	.321	167.44	47.84
ROOM USE	6	11	613.69	55.79	.393	102.28	21.92
CROSSOVERS/ALL OTH OUTPINT	4	26	682.19	26.24	.929	170.55	24.36
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU I	DEC 2003	PAGE 2,827
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	BCCTP-TOI	'AL				
					MC	ONTHLY AVERAG	GE

28 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	131	\$	16,514.35	\$	126.06	4.679	\$	688.10	\$	589.80
COMM HOSP INPATIENT TOTAL	2	9	·	13,095.75	•	1455.08	.321	·	6547.88	·	467.71
HSC HOSPITALS	1	4		4,824.00		1206.00	.143		4824.00		172.29
NON-HSC HOSPITALS TOTAL	1	5		8,271.75		1654.35	.179		8271.75		295.42
ACCOMMODATIONS	1	5		2,665.00		533.00	.179		2665.00		95.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	5		2,665.00		533.00	.179		2665.00		95.18
ANCILLARIES	1	0		5,606.75		.00	.000		5606.75		200.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	23	122		3,418.60		28.02	4.357		148.63		122.09
MEDICAL	2	2		37.03		18.52	.071		18.52		1.32
SURGERY	2	2		166.62		83.31	.071		83.31		5.95
PATHOLOGY	13	72		579.59		8.05	2.571		44.58		20.70
RADIOLOGY	8	9		1,339.48		148.83	.321		167.44		47.84
ROOM USE	6	11		613.69		55.79	.393		102.28		21.92
CROSSOVERS/ALL OTH OUTPTNT	4	26		682.19		26.24	.929		170.55		24.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	13	\$	217.98	\$	16.77	.464	\$	72.66	\$	7.79
PATHOLOGY	3	13		217.98		16.77	.464		72.66		7.79
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	10	\$	953.27	\$	95.33	.357	\$	190.65	\$	34.05
CLINIC	1	2		49.25		24.63	.071		49.25		1.76
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	8		904.02		113.00	.286		226.01		32.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	RES MONTH-OF	-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 2,828
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	BCCTP-I	OTAL								

----- MONTHLY AVERAGE -----

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
@ALL OTHER PROVIDERS	2	OR DAYS OF CARE	47.92	PER UNIT/DAY \$ 11.98	PER ELIG .143 \$	USER 23.96	ELIGIBLE \$ 1.71
DURABLE MED. EQUIP.	0	0 4 3	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.071	26.08	.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	21.84	10.92	.071	21.84	.78
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	51 \$	894.07	\$ 17.53	1.821 \$	178.81	\$ 31.93
O+ MOMATO TAL MURGE LINES ARE STU	DAT A.C. A. CDDAT	NAME TATEODA(AMETON THEN)	T 37 •				•

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,829 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL

EL DORADO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

----- MONTHLY AVERAGE -----180 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	17	49	\$ 1,146.23	\$ 23.39	.272	\$ 67.43	\$ 6.37
@PHYSICIANS SERVICES	11	26	\$ 237.98	\$ 9.15	.144	\$ 21.63	\$ 1.32
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	U	U					.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	Ü	Ü	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U	U					
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	26	237.98	9.15	.144	21.63	1.32
	0						
@PHARMACY	U	1 \$	49.48C	·	.006 \$		\$.27CR
PRESCRIPTION DRUGS	0	1	49.48C	R 49.48CR	.006	.00	.27CR
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	1	49.48C			.00	.27CR
	0						
MEDICAL SUPPLIES	Ü	0	.00	.00	.000	.00	.00
@DENTIST	1	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	Ö	.00	.00	.000	.00	
	U	U					.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	Ο	0	.00	.00	.000	.00	.00
	1						
ENDODONTICS	1	1	.00	.00	.006	.00	.00
RESTORATIVE DENTISTRY	0	1CR	.00	.00	.006CR	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
	0	0					
SPACE MAINTAINERS	Ü	Ü	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER SERVICES	Ü	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE:	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,830
MOP024	FEE-FOR-SERVICE/	ENTAL.					01/29/04
			V.	AID CODE	0.0		01/25/01
EL DORADO COUNTY	SUMMARY OF SERVI	CES FOR QMB - ONL	ı	AID CODE			
							AGE
180 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ODTOMETD I CT	1		15 00				
@OPTOMETRIST	_	1 \$	15.00	\$ 15.00	.006 \$		•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	15.00	15.00	.006	15.00	.08
	0						
@CHIROPRACTOR	U		.00	\$.00	.000 \$		•
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
	0	- 1		•			
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0						
OTHER	•	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	_	Λ Α	.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$					
740170H 1417104471.H	•	- γ				0.0	\$ 00
DEDIAMBLE MIDER PRACMETERS	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0 0	0 \$ 0 \$.00	\$.00 \$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	•
FAMILY NURSE PRACTITIONER	0 0	0 \$ 0 \$ 0 \$.00 .00 .00	\$.00 \$.00 \$.00	.000 \$.000 \$.000 \$.00	\$.00 \$.00
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	. 0 0 0 0 7	0 \$ 0 \$ 0 \$ 14 \$.00 .00 .00 906.75	\$.00 \$.00 \$.00 \$ 64.77	.000 \$.000 \$.000 \$.000 \$.00 .00 129.54	\$.00 \$.00 \$ 5.04
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 0 0 7 1	0 \$ 0 \$ 0 \$ 14 \$.00 .00 .00 906.75 840.00	\$.00 \$.00 \$.00 \$ 64.77 168.00	.000 \$.000 \$.000 \$.000 \$.078 \$.028	.00 .00 129.54 840.00	\$.00 \$.00 \$ 5.04 4.67
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	. 0 0 0 0 7	0 \$ 0 \$ 0 \$ 14 \$.00 .00 .00 906.75	\$.00 \$.00 \$.00 \$ 64.77	.000 \$.000 \$.000 \$.000 \$.00 .00 129.54	\$.00 \$.00 \$ 5.04

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Ü	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5	840.00	168.00	.028	840.00	4.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	9	66.75	7.42	.050	11.13	.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	9	66.75	7.42	.050	11.13	.37
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 \$		•			
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	U	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	Ů	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00				.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
DADTOLOGII	^	•	0.0	0.0	0.00	0.0	0.0
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0	0 0 0	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	.00	.00	.000	.00	.00 .00 PAGE 2,831
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	-	ES AND EXPENDITURES MON	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MON	.00	.00	.000 .000 2003 THRU DE	.00	.00 .00 PAGE 2,831
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MON DENTAL	.00	.00 .00 PORT FOR JAN 2	.000 .000 2003 THRU DE	.00 .00	.00 .00 PAGE 2,831
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MON DENTAL	.00	.00 .00 PORT FOR JAN 2	.000 .000 2003 THRU DE	.00 .00 C 2003	.00 .00 PAGE 2,831 01/29/04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MON DENTAL CES FOR QMB - ONLY	.00 .00 TH-OF-PAYMENT RE	.00 .00 PORT FOR JAN 2	.000 .000 2003 THRU DE 80 MON UNITS/DAYS	.00 .00 C 2003	.00 .00 PAGE 2,831 01/29/04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 180 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MON DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE	.00 .00 TH-OF-PAYMENT RE	.00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	.000 .000 2003 THRU DE 80 MON UNITS/DAYS PER ELIG	.00 .00 C 2003 THLY AVERA COST PER USER	.00 .00 PAGE 2,831 01/29/04 GE COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 180 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	ES AND EXPENDITURES MON DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 14 \$.00 .00 TH-OF-PAYMENT RE EXPENDITURES 906.75	.00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 64.77	.000 .000 2003 THRU DE 80 MON UNITS/DAYS PER ELIG .078 \$.00 .00 C 2003 THLY AVERA COST PER USER 129.54	.00 .00 PAGE 2,831 01/29/04 GE COST PER ELIGIBLE \$ 5.04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 180 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MON DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 14 \$ 5	.00 .00 TH-OF-PAYMENT RE EXPENDITURES 906.75 840.00	.00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 64.77 168.00	.000 .000 2003 THRU DE 80 MON UNITS/DAYS PER ELIG .078 \$.00 .00 CC 2003 THLY AVERA COST PER USER 129.54 840.00	.00 .00 PAGE 2,831 01/29/04 GE COST PER ELIGIBLE \$ 5.04 4.67
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@NURSING FACILITY	0	0 \$.00	•	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.000	.00		.00
LEV B-REHAB MD	0	0	.00		.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	U	0	.00		.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00		.00
LEV B-REGULAR	0	0	.00		.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	•	.000	\$.00	\$.00
ICF DDH	0	0	.00		.000	.00		.00
ICF DD	0	0	.00		.000	.00		.00
ICF DDN/DDCN	0	0	.00		.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.000	.00		.00
XO AND OTHERS	0	0	.00		.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.	.000	\$.00	\$.00
CLINIC	0	0	.00		.000	.00		.00
SURGICENTER	0	0	.00		.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR	JAN 2003 THRU	DEC 2003	PAGE	2,832
MOP024	FEE-FOR-SERVICE/DENT	'AL					01	1/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR OMB - ONL	Υ	AID	CODE 80			
					M	ONTHLY AVERA	GE	
180 ELIGIBLES	USERS UNIT	'S OF SERVICE	EXPENDITURES	AVERAGE	COST UNITS/DAY	S COST PER	COST	Γ PER
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					MON7	THLY AVERAGE	
180 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	7 \$	35.98	\$ 5.14	.039 \$	35.98 \$.20
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	7	35.98	5.14	.039	35.98	.20
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 16 43 \$ 1,195.71 \$ 27.81 .239 \$ 74.73 \$ 6.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,833 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOPD 24 FEE FOR SERVICE/DENTAL 01/29/07
EL DORADO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

					MONT	THLY AVERA	GE
1,831 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	565	6,858 \$	95,500.84	\$ 13.93	3.745 \$	169.03	\$ 52.16
@PHYSICIANS SERVICES	246	417 \$	15,624.03	\$ 37.47	.228 \$	63.51	
OUTPATIENT VISITS	216	270	10,205.48	37.80	.147	47.25	5.57
OFFICE VISITS	139	163	5,567.56	34.16	.089	40.05	3.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	75	84	4,152.78	49.44	.046	55.37	2.27
PREVENTIVE CARE	1	1	37.39	37.39	.001	37.39	.02
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	22	447.75	20.35	.012	27.98	. 24
INPATIENT VISITS	5	7	839.00	119.86	.004	167.80	. 46
HOSPITAL VISITS	3	5	241.00	48.20	.003	80.33	.13
CRITICAL CARE	2	2	598.00	299.00	.001	299.00	.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	2	0 8	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	∠ 1	8 1	210.50	26.31	.004 .001	105.25 74.46	.11
PRINCIPAL SURGEON	0	0	74.46 .00	74.46	.000	.00	.04
ASSISTANT SURGEON ANESTHESIOLOGIST	1	7	136.04	.00 19.43	.004	136.04	.07
OUTPATIENT SURGERY	25	78	3,284.82	42.11	.043	131.39	1.79
PRINCIPAL SURGEON	25 16	18	1,823.67	101.32	.010	113.98	1.79
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	60	1,461.15	24.35	.033	146.12	.80
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	11	70.70	6.43	.006	7.07	.04
RADIOLOGY	15	31	817.95	26.39	.017	54.53	.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	12	195.58	16.30	.007	17.78	.11
@PHARMACY	195	5,316 \$	10,272.17	\$ 1.93	2.903 \$	52.68	\$ 5.61
PRESCRIPTION DRUGS	194	316	8,884.06	28.11	.173	45.79	4.85
SNF/ICF	1	2	253.11	126.56	.001	253.11	.14
OUTPATIENTS	194	314	8,630.95	27.49	.171	44.49	4.71
MEDICAL SUPPLIES	11	5,000	1,388.11	.28	2.731	126.19	.76
@DENTIST	58	326 \$	10,709.00	\$ 32.85	.178 \$		
VISITS - DIAGNOSTIC	47	183	2,971.00	16.23	.100	63.21	1.62
ORAL SURGERY	5	20	795.00	39.75	.011	159.00	.43
DRUGS	1	1	25.00	25.00	.001	25.00	.01
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	8	31	2,201.00	71.00	.017	275.13	1.20
RESTORATIVE DENTISTRY	16	84	4,357.00	51.87	.046	272.31	2.38
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	4	360.00	90.00	.002	90.00	.20
MAXILLOFACIAL SERVICES	U	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	Ü	3	.00	.00	.000	.00	.00
ALL OTHER SERVICES	О	3	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,834 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

EL DONADO COUNTI	DOMINANCE OF DERIVE	LCED FOR IJ.	3 6 110010	עדט אדט	CODED	/Z / T OIN	OF				
							M	ONT:	HLY AVERA	GE.	
1,831 ELIGIBLES	USERS	UNITS OF SEE	RVICE	EXPENDITURES	AVER	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF	CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6		10 \$	286.99	\$	28.70	.005	\$	47.83	\$.16
DIAGNOSTIC AND ANC. PROCED	5		5	222.60		44.52	.003		44.52		.12
EYE APPLIANCES	2		5	64.39		12.88	.003		32.20		.04
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	0		0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ċ	.00	¢	.00	.000	\$.00	\$.00
	0	0	ė.		Y						
NURSE ANESTHESIST	U	U	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	Ü	0	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	123	440	Ś	45,672.18		103.80	.240		371.32	\$	24.94
HOSP INPATIENT TOTAL	0	27	٧	36,189.75		1340.36	.015		4021.08	۲	19.77
	9										
HSC HOSPITALS	4	17		21,121.00		1242.41	.009		5280.25		11.54
NON-HSC HOSPITAL TOTAL	5	10		15,068.75		1506.88	.005		3013.75		8.23
ACCOMMODATIONS	5	10		5,368.14		536.81	.005	1	1073.63		2.93
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	5	10		5,368.14		536.81	.005	-	1073.63		
ALL OTHER ACCOM	5										2.93
ANCILLARIES	5	0		9,700.61		.00	.000	_	1940.12		5.30
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	114	413		9,482.43		22.96	.226		83.18		5.18
MEDICAL	18	21		244.08		11.62	.011		13.56		.13
SURGERY	15	20		541.45		27.07	.011		36.10		.30
PATHOLOGY	36	121		1,333.92		11.02	.066		37.05		.73
RADIOLOGY	18	22		531.77		24.17	.012		29.54		. 29
ROOM USE	96	142		5,477.68		38.58	.078		57.06		2.99
CROSSOVERS/ALL OTH OUTPINT	47	87		1,353.53		15.56	.048		28.80		.74
@COUNTY HOSPITAL TOTAL	0	0	\$		\$.00	.000	ė.	.00	ė.	
			Ą	.00	Ą			Ş		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0									.00
ALL OTHER ACCOM	0	Ü		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
MEDICAL	U	U		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
		•	DEG MON					DEG (D.7.0	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		RES MON	NTH-OF-PAYMENT R.	EPOR.	r for Jan 2	2003 THRU	DEC 2	2003	PAG	E 2,835
MOP024	FEE-FOR-SERVICE										01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR 133% P	ROGRAM	AID	CODES	5 72 74 8N	8P				
							M	ONTHI	LY AVERA	GE	
1,831 ELIGIBLES	USERS	UNITS OF SERVIC	E.	EXPENDITURES	Δ1/1	ERAGE COST	IINITS/DAY	s co	OST PER		ST PER
1,031 HIGHDID	05210			DIII DIVDI I GRADO					USER		IGIBLE
againgnithii ilagathai mamai	100	OR DAYS OF CAR		45 650 10		R UNIT/DAY					
@COMMUNITY HOSPITAL TOTAL	123	440	\$	45,672.18	\$	103.80	.240	\$	371.32	Ş	24.94
COMM HOSP INPATIENT TOTAL	9	27		36,189.75		1340.36	.015	4	4021.08		19.77
HSC HOSPITALS	4	17		21,121.00		1242.41	.009	Ę	5280.25		11.54
NON-HSC HOSPITALS TOTAL	5	10		15,068.75		1506.88	.005	7	3013.75		8.23
ACCOMMODATIONS	5	10		5,368.14		536.81	.005		1073.63		2.93
	0							-			
ADMINISTRATIVE DAYS	•	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	10		5,368.14		536.81	.005	1	1073.63		2.93
ANCILLARIES	5	0		9,700.61		.00	.000		1940.12		5.30
INPATIENT CROSSOVERS	0	0		.00		.00	.000	_	.00		.00
ALL OTHER INPATIENT	0	0		.00			.000				
ALL CIREK INPALLENT	U	U		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	114	413		9,482.43		22.96	.226		83.18		5.18
MEDICAL	18	21		244.08		11.62	.011		13.56		.13
SURGERY	15	20		541.45		27.07	.011		36.10		.30
PATHOLOGY	36	121		1,333.92		11.02	.066		37.05		.73
RADIOLOGY	18	22		531.77		24.17	.012		29.54		.29
ROOM USE	96	142		5,477.68		38.58	.078		57.06		2.99
CROSSOVERS/ALL OTH OUTPTNT	47	87		1,353.53		15.56	.048		28.80		.74
@STATE HOSPITAL	0	0	\$.00	Ġ	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00		.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	т	.00	-	.00	.000	т.	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ġ	.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00	•	.00
HEMODIALYSIS CENTER	0	Ō		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	-	.00	.000	т.	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	8	\$	112.97	Ġ	14.12	.004	\$	37.66	\$.06
PATHOLOGY	3	8	•	112.97		14.12	.004		37.66	•	.06
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	69	115	\$	8,691.60	Ġ	75.58	.063	\$	125.97	\$	4.75
CLINIC	13	29	•	320.28		11.04	.016		24.64	•	.17
SURGICENTER	3	23		630.58		27.42	.013		210.19		.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	53	63		7,740.74		122.87	.034		146.05		4.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES MON	TH-OF-PAYMENT R	EPORT		2003 THRU	DEC	2003	PI	AGE 2,836
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES		ROGRAM	AID	CODES	3 72 74 8N	8P				
							M	ONT	HLY AVERA	GE -	
1,831 ELIGIBLES	USERS UNIT	S OF SERVICE	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	(COST PER
•	OR	DAYS OF CAR	Ξ		PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	17	226	\$	4,131.90	\$	18.28	.123	\$	243.05	\$	2.26

					MON	THLY AVERAG	E
1,831 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	226 \$	4,131.90	\$ 18.28	.123 \$	243.05	\$ 2.26
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	106	3,288.32	31.02	.058	328.83	1.80
AMBULANCES/AIR TRANS	10	105	1,488.32	14.17	.057	148.83	.81
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	.98
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	58.36	7.30	.004	19.45	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	112	785.22	7.01	.061	196.31	.43
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	12	57	\$ 13,092.88	\$ 229.70	.031	\$ 1091.07	\$ 7.15
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,837
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
EL DORADO COUNTY SIMMARY OF SERVICES FOR 100% PROGRAM AID CODES 74 7C 8R 8T

EL DORADO COUNTY	SUMMARY OF SERV	VICES FOR 100% PROGRAM	AID (CODES 7A 7C 8R	8T		
					MON	THLY AVERAG	E
1,833 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	599	5,897 \$	100,871.39	\$ 17.11	3.217 \$		
@PHYSICIANS SERVICES	191	335 \$	15,742.82	\$ 46.99	.183 \$	82.42	\$ 8.59
OUTPATIENT VISITS	153	189	8,103.82	42.88	.103	52.97	4.42
OFFICE VISITS	88	105	3,928.84	37.42	.057	44.65	2.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	63	66	3,368.26	51.03	.036	53.46	1.84
PREVENTIVE CARE	3	3	164.49	54.83	.002	54.83	.09
OB VISITS/COMPRE PERI	2	4	307.75	76.94	.002	153.88	.17
OTHER OUTPATIENT	11	11	334.48	30.41	.006	30.41	.18
INPATIENT VISITS	5	12	1,455.34	121.28	.007	291.07	.79
HOSPITAL VISITS	4	6	429.64	71.61	.003	107.41	.23
CRITICAL CARE	2	6	1,025.70	170.95	.003	512.85	.56
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	33	2,552.06	77.34	.018	638.02	1.39
PRINCIPAL SURGEON	3	4	1,917.98	479.50	.002	639.33	1.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	29	634.08	21.86	.016	317.04	.35
OUTPATIENT SURGERY	14	13	1,710.72	131.59	.007	122.19	.93
PRINCIPAL SURGEON	14	13	1,710.72	131.59	.007	122.19	.93
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	20	379.26	18.96	.011	23.70	.21
RADIOLOGY	36	50	633.05	12.66	.027	17.58	.35
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	167.76	83.88	.001	83.88	.09
OTHER SERVICES/ALL X-OVERS	11	16	740.81	46.30	.009	67.35	.40
@PHARMACY	192	4,064 \$	14,679.64	\$ 3.61	2.217 \$	76.46	\$ 8.01
PRESCRIPTION DRUGS	182	328	11,909.00	36.31	.179	65.43	6.50
SNF/ICF	2	2	49.80	24.90	.001	24.90	.03
OUTPATIENTS	180	326	11,859.20	36.38	.178	65.88	6.47
MEDICAL SUPPLIES	14	3,736	2,770.64	.74	2.038	197.90	1.51
@DENTIST	123	609 \$	17,623.00	\$ 28.94	.332 \$	143.28	\$ 9.61
VISITS - DIAGNOSTIC	80	381	6,153.00	16.15	.208	76.91	3.36
ORAL SURGERY	13	36	2,136.00	59.33	.020	164.31	1.17
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.05

PERIODONTICS	1	1	55.00	55.00	.001	55.00	.03
ENDODONTICS	11	14	1,656.00	118.29	.008	150.55	.90
RESTORATIVE DENTISTRY	50	163	7,025.00	43.10	.089	140.50	3.83
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.004	288.00	.16
SPACE MAINTAINERS	1	1	.00	.00	.001	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	135.00	45.00	.002	45.00	.07
ALL OTHER SERVICES	6	2	75.00	37.50	.001	12.50	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEG	2003	PAGE 2,838
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	OR 100% PROGRAM	AID CODES	7A 7C 8R 8	T		
				_	MON'	THLY AVERAG	GE

EL DORADO COUNTY	SUMMARY OF SERVICE		100% PRO	CRAM	AID	CODE	S 71 7C 8R	8Т				01/25/01
		ab ron	1008 1100	JOICAN	AID	CODE	5 /A /C OR	MC	דדוו	מקקוות עודי	CF	
1,833 ELIGIBLES	IISERS IIN	JTTS OF	SERVICE		EXPENDITURES	Δ1/1	ERAGE COST	DVZQ/DTINIT	, ,,, ,	COST DER		COST PER
I,033 HHIGIBHE			OF CARE			DEI	R IINITT/DAV					ELIGIBLE
@OPTOMETRIST	19	on Dillo		\$	1,194.22	Ś.	27.14			62.85		
DIAGNOSTIC AND ANC PROCED	18		18	٧	854.10	٧	47.45	.010			٧	.47
FVF ADDITANCES	9		26		340.12		13.08	.014		37.79		.19
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIPODPACTOP	0		0	\$		\$.00	.000	Ġ	.00	¢	.00
VISTRS	0			Y	.00	Ÿ	.00	.000	Ÿ	.00	Ų	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	1		0 0 2 2	\$		\$.001	Ġ	44.00	Ġ	.02
MEDICINE / INTECTIONS	1		2	٧	44.00	٧	22.00	.001		44.00	Y	.02
CIDCEDY / ANEC	0		0		.00		.00	.000		.00		.00
PADIO / PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
OTHER OHOME HEALTH AGENCY	1		12	\$	215 20	Ċ	17 02	.007	Ġ		¢	.12
MIDGE AMEGTHEGICT	0		0	\$.00	Ġ	.00	.000	Ģ	.00		.00
NUIDGE MIDWIFF	0		0	¢	.00	Ġ	00	.000		.00		.00
DEDIATRIC MIRCE DRACTITIONER	0		0	¢.	.00	Ġ	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	¢.	.00	Ġ	.00	.000		.00		.00
@TOTAL HOSPITAL	101		377	Š	38,307.39	Š	101 61			379.28		20.90
HOSD INDATIENT TOTAL	6		12	٧	30,637.77	٧	2553.15	.007	٧	5106.30	Y	16.71
HSC HOSPITALS	2		3		3,768.00		1256.00	.002		1884.00		2.06
NON-HSC HOSPITAL TOTAL	4				26,869.77			.005		6717.44		14.66
ACCOMMODATIONS	4		9 9 0 0		14,440.40		2985.53 1604.49	.005		3610.10		7.88
ADMINISTRATIVE DAYS	0		Ó		00		00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00 .00 14,440.40 12,429.37		. 00	.000		.00		.00
ALL OTHER ACCOM	4		9		14.440.40		1604.49	.005		3610.10		7.88
ANCILLARIES	4		9 0		12.429.37		.00	.000		3107.34		6.78
INPATIENT CROSSOVERS	0		Ō		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ö		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	96		365		7,669.62		21.01	.199		79.89		4.18
MEDICAL	13		15		236.11		15.74	.008		18.16		.13
SURGERY	10		10		103.35		10.34	.005		10.34		.06
PATHOLOGY	37		141		1,645.27		11.67	.077		44.47		.90
RADIOLOGY	36		50		1,822.12		36.44	.027		50.61		.99
ROOM USE	75		80		2,972.29		37.15	.044		39.63		1.62
CROSSOVERS/ALL OTH OUTPTNT	42		69		890.48		12.91	.038		21.20		.49
@COUNTY HOSPITAL TOTAL	0		0	\$		\$.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	•	.00	•	.00	.000	•	.00	·	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0 0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
### 1,833 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ####################################	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 2,839
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	R 100% PROGRAM	AID CODES	7A 7C 8R 8	Т		
				-	MONT	THLY AVERAC	BE
1,833 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AVE	RAGE COST U	NITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE	PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	101	377 \$	38,307.39 \$	101.61	.206 \$	379.28	\$ 20.90

COMM HOSP INPATIENT TOTAL	6	12		30,637.77	2	2553.15	.007		5106.30		16.71
HSC HOSPITALS	2	3		3,768.00	1	1256.00	.002		1884.00		2.06
NON-HSC HOSPITALS TOTAL	4	9		26,869.77		2985.53	.005		6717.44		14.66
ACCOMMODATIONS	4	9		14,440.40		1604.49	.005		3610.10		7.88
ADMINISTRATIVE DAYS	0	Ó		.00	-	.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	U	U		.00	_	.00	.000		.00		.00
ALL OTHER ACCOM	4	9		14,440.40	-	1604.49	.005		3610.10		7.88
ANCILLARIES	4	0		12,429.37		.00	.000		3107.34		6.78
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	96	365		7,669.62		21.01	.199		79.89		4.18
MEDICAL	13	15		236.11		15.74	.008		18.16		.13
SURGERY	10	10		103.35		10.34	.005		10.34		.06
PATHOLOGY	37	141		1,645.27		11.67	.077		44.47		.90
	36										
RADIOLOGY		50		1,822.12		36.44	.027		50.61		.99
ROOM USE	75	80		2,972.29		37.15	.044		39.63		1.62
CROSSOVERS/ALL OTH OUTPTNT		69		890.48		12.91	.038		21.20		.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
LEV A-INTERMEDIATE	0	0	Υ	.00	т	.00	.000	Τ.	.00	Ψ	.00
LEV B-REHAB MD	0	Ö		.00		.00	.000		.00		.00
	0	0		.00							
LEV B-SUBACUTE FREESTANDING	0					.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	Y	.00	٧	.00	.000	٧	.00	٧	.00
	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		d		4			4		4	
@REHABILITATION FACILITY	Ü	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	14	\$	381.19	\$	27.23	.008	\$	63.53	\$.21
PATHOLOGY	6	14		381.19		27.23	.008		63.53		.21
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	54	76	\$	9,483.68	\$	124.79	.041	Ś	175.62	Ś	5.17
CLINIC	7	13	Υ	179.05	٧	13.77	.007	٧	25.58	٧	.10
SURGICENTER	0	0		.00		.00	.000		.00		.00
	_										
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	47	63		9,304.63		147.69	.034		197.97		5.08
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PA	GE 2,840
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR 100% PRO	OGRAM	AID	CODES	7A 7C 8R	8T				
							M	ONTE	HLY AVERA	GE -	
1,833 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		OST PER
1,000 11101212	0,02113	OR DAYS OF CARE					PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	83	364	\$	3,200.25	\$	8.79	.199		38.56	\$	1.75
DURABLE MED. EQUIP.	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Ÿ	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	8	98		682.58		6.97	.053		85.32		.37
AMBULANCES/AIR TRANS	8	98		682.58		6.97	.053		85.32		.37
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
				· · ·							

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.0	0	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.0	0	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.0	0	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.0	0	.00
OPTICIAN	12	25	216.22	8.65	.014	18.0	2	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.0	0	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.0	0	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.0	0	.00
PROSTHETICS	0	0	.00	.00	.000	.0	0	.00
ORTHOTICS	0	0	.00	.00	.000	.0	0	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.0	0	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	64	241	2,301.45	9.55	.131	35.9	6	1.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.0	0	.00
@CALIF. CHILDREN SERVICES*	14	459	\$ 7,985.80	\$ 17.40	.250	\$ 570.4	1 \$	4.36
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.0	0 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,841 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MC	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	220	671 \$	30,360.23	\$ 45.25	.000	\$ 138.00	\$.00
@PHYSICIANS SERVICES	181	484 \$	24,380.37	\$ 50.37	.000	T ===	\$.00
OUTPATIENT VISITS	127	282	17,699.74	62.77	.000	139.37	.00
OFFICE VISITS	14	14	203.87	14.56	.000	14.56	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	116	268	17,495.87	65.28	.000	150.83	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	6	428.50	71.42	.000	71.42	.00
PRINCIPAL SURGEON	6	6	428.50	71.42	.000	71.42	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	14	1,345.90	96.14	.000	192.27	.00
PRINCIPAL SURGEON	7	11	1,210.90	110.08	.000	172.99	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	3	135.00	45.00	.000	45.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	127	138	1,416.19	10.26	.000	11.15	.00
RADIOLOGY	38	39	3,465.04	88.85	.000	91.19	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	5	25.00	5.00	.000	25.00	.00

@PHARMACY	15	30	\$	267.72	\$	8.92	.000	\$ 17.85	\$.00
PRESCRIPTION DRUGS	15	30		267.72		8.92	.000	17.85		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	15	30		267.72		8.92	.000	17.85		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	ES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC 2003	PAG	E 2,842
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	PRESUME	TIVE	ELIGIBILITY-PREGN	TNA	AID CODES	7F 7G			

EL DORADO COUNTI	SUMMARI OF SERVIC	JAS FOR PRE	SUMP I.	TAF	ELIGIBILITI-PREGI	NAMI	AID CODES	7F 7G	זיינ	TIV AMEDA	CF	
00 ELIGIBLES	USERS (UNITS OF SER	TT OF		EXPENDITURES	7/ 7/ 7		UNITS/DAYS		COST PER		COST PER
00 FFIGIRTE2	USERS (OR DAYS OF			EXPENDITURES		RAGE COST		(USER		ELIGIBLE
@OPTOMETRIST	0	OR DAIS OF		\$.00	\$.00	.000	Ċ.		\$.00
DIAGNOSTIC AND ANC. PROCED	0		0 .	Y	.00	Ą	.00	.000	Ų	.00	Ą	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00		\$.00	ċ,	.00
VISITS	0		0 .	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0 5	ė.	.00	Ś	.00	.000	Ċı	.00	ب	.00
MEDICINE/INJECTIONS	0		0 .	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		Ο Λ (ė.	.00	ė.	.00		\$.00	Ġ	.00
NURSE ANESTHESIST	0		0 .	၃ ဗ	.00	<u>ن</u> ب	.00	.000	٠ ب	.00	٠ ب	.00
NURSE MIDWIFE	0		0 .	၃ ဗ	.00	Ģ	.00	.000	٠ ج	.00	Ģ	.00
PEDIATRIC NURSE PRACTITIONER	0		0 4	٠ د	.00	<u>ج</u>	.00	.000	٠ ب	.00	4	.00
FAMILY NURSE PRACTITIONER	. 0		0 4	٠ د	.00	<u>ن</u>	.00	.000	ς Υ	.00	٠ ب	.00
@TOTAL HOSPITAL	37	9	0 .	γ \$	3,046.54	4	33.85		բ \$	82.34	Ģ Y	.00
HOSP INPATIENT TOTAL	0	-	0	Y	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ô		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	37	9	0		3,046.54		33.85	.000		82.34		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	33	7	5		2,600.18		34.67	.000		78.79		.00
RADIOLOGY	2		2		125.59		62.80	.000		62.80		.00
ROOM USE	3		3		117.00		39.00	.000		39.00		.00

CROSSOVERS/ALL OTH OUTPTNT	2	10		203.77		20.38	.000	101.89		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITUR	ES MC	NTH-OF-PAYMENT R	EPOR'	r for jan 200	3 THRU	DEC 2003	PA	GE 2,843
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	R PRESUMP	TIVE	ELIGIBILITY-PREG	NANT	AID CODES 7F	7 7G			

EL DORADO COUNTI	SUMMARI OF SERV	ICES FOR	PRESUMP	TTAF	ELIGIBILITI-PREGI	NAMI	AID CODES	7F 7G	ייידער.	א מייינים א	CE	
00 ELIGIBLES	USERS	UNITS OF	CEDVICE		EXPENDITURES	7/1/17		UNITS/DAY		HLI AVERA COST PER	_	COST PER
00 FFIGIRES	USERS		OF CARE		EXPENDITURES		UNIT/DAY	PER ELIG		USER		
@COMMUNITY HOSPITAL TOTAL	37	OR DAYS	90	\$	3 046 E4	PER S	33.85	.000			\$	ELIGIBLE .00
COMM HOSP INPATIENT TOTAL	0			Ą	3,046.54	Ą	.00	.000	Ą	.00	Ą	.00
	0		0		.00							
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	U		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	37		90		3,046.54		33.85	.000		82.34		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		_0		.00		.00	.000		.00		.00
PATHOLOGY	33		75		2,600.18		34.67	.000		78.79		.00
RADIOLOGY	2		2		125.59		62.80	.000		62.80		.00
ROOM USE	3		3		117.00		39.00	.000		39.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2		10		203.77		20.38	.000		101.89		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00

@REHABILITATION FACILITY	0		0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	!	57 \$	1,616.73	\$	28.36	.000	\$	107.78	\$.00
PATHOLOGY	15	!	57	1,616.73		28.36	.000		107.78		.00
XO AND OTHERS	0		0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4		4 \$	418.87	\$	104.72	.000	\$	104.72	\$.00
CLINIC	0		0	.00		.00	.000		.00		.00
SURGICENTER	0		0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4		4	418.87		104.72	.000		104.72		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPEN	DITURES	MONTH-OF-PAYMENT	REPOR'	T FOR JAN	2003 THRU	DEC	2003	PAGE	2,844
MOP024	FEE-FOR-SERVICE/D	ENTAL								01	L/29/04
EL DORADO COUNTY	SUMMARY OF SERVIC	ES FOR PRI	ESUMPTI	VE ELIGIBILITY-PRE	GNANT	AID CODES	7F 7G				
							M	TMOI	HLY AVERA	GE	
00 ELIGIBLES	USERS U	NITS OF SE	RVICE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER	COST	C PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	6 \$	630.00	\$ 105.00	.000 \$	105.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	630.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,845 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

EL DORADO COUNTI	SUMMARI OF SERV	ICES FOR	MEDI-CHI	7 100	EKCOLOSIS PROGRAM	AID CODE	/п			
							MC	ONTHLY AVERA	GE	
29 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	32		417	\$	10,761.64	\$ 25.81	14.379	\$ 336.30	\$	371.09
@PHYSICIANS SERVICES	9		31	\$	951.80	\$ 30.70	1.069	\$ 105.76	\$	32.82
OUTPATIENT VISITS	8		15		439.90	29.33	.517	54.99		15.17
OFFICE VISITS	8		15		439.90	29.33	.517	54.99		15.17
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	2		15		474.30	31.62	.517	237.15		16.36
HOSPITAL VISITS	2		15		474.30	31.62	.517	237.15		16.36
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	7	0					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	Ū	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	Ω	0	.00	.00	.000	.00	.00
	1	~					
OTHER SERVICES/ALL X-OVERS	<u></u>	1	37.60	37.60	.034	37.60	1.30
@PHARMACY	5	12 \$	438.76	\$ 36.56	.414 \$	87.75	\$ 15.13
PRESCRIPTION DRUGS	5	12	438.76	36.56	.414	87.75	15.13
SNF/ICF	Ō	0	.00	.00	.000	.00	.00
	U F						
OUTPATIENTS	5	12	438.76	36.56	.414	87.75	15.13
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	Ü	Ü	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					.00
DENTURES, STAYPLATES	U	U	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0				.00	.00
	Ü	U	.00	.00	.000		
ALL OTHER SERVICES	0	0		.00	.000	.00	.00
	· ·	U	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON					PAGE 2,846
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MON' /DENTAL	TH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,846 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON' /DENTAL ICES FOR MEDI-CAL TUBE:	TH-OF-PAYMENT RE	PORT FOR JAN 2	7H MONT	2003 HLY AVERA	PAGE 2,846 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MON' /DENTAL	TH-OF-PAYMENT RE	PORT FOR JAN 2	7H MONT	2003 HLY AVERA	PAGE 2,846 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON' /DENTAL ICES FOR MEDI-CAL TUBE: UNITS OF SERVICE	TH-OF-PAYMENT RE	PORT FOR JAN 2 AID CODE AVERAGE COST	7H MONT UNITS/DAYS	2003 CHLY AVERAC COST PER	PAGE 2,846 01/29/04 GE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 29 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON' /DENTAL ICES FOR MEDI-CAL TUBE: UNITS OF SERVICE OR DAYS OF CARE	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	2003 THRU DEC 7H MONT UNITS/DAYS PER ELIG	2003 CHLY AVERAC COST PER USER	PAGE 2,846 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 29 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON' /DENTAL ICES FOR MEDI-CAL TUBE: UNITS OF SERVICE OR DAYS OF CARE 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	2003 THRU DEC 7H MONT UNITS/DAYS PER ELIG .000 \$	2003 CHLY AVERAC COST PER USER .00	PAGE 2,846 01/29/04 GE COST PER ELIGIBLE \$.00
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#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 29 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON'/DENTAL ICES FOR MEDI-CAL TUBE: UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	E 2003 CHLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PAGE 2,846 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00 \$.00 \$.00 .00 .00 \$.00 \$.00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 29 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON'/DENTAL ICES FOR MEDI-CAL TUBE: UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 104 \$ 0	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	HLY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,846 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 29 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON'/DENTAL ICES FOR MEDI-CAL TUBE: UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	PHLY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,846 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 \$.00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 29 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON'/DENTAL ICES FOR MEDI-CAL TUBE: UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	PHLY AVERAGE OF PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PAGE 2,846 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 \$.00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 29 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON'/DENTAL ICES FOR MEDI-CAL TUBE: UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	PHLY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,846 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 \$.00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 29 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON'/DENTAL ICES FOR MEDI-CAL TUBE: UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	PHLY AVERAGE OF PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PAGE 2,846 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 \$.00 .00 \$.00
#CALIF DEPT OF HEALTH SERV MOP024 EL DORADO COUNTY 29 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONY/DENTAL ICES FOR MEDI-CAL TUBE: UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	TH-OF-PAYMENT RE RCULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	PHLY AVERAGE OF PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PAGE 2,846 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 \$.00 .00 \$.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	104	4,235.89	40.73	3.586	470.65	146.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	24	258.26	10.76	.828	51.65	8.91
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	8	69	2,998.63	43.46	2.379	374.83	103.40
CROSSOVERS/ALL OTH OUTPTNT	ĺ	11	979.00	89.00	.379	979.00	33.76
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
			ES MONTH-OF-PAYMENT I	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,847
MOP024	FEE-FOR-SERVICE/D						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICE	ES FOR MEDI-CAI	L TUBERCULOSIS PROGRA	AM AID CODE			
00					MON		
29 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

29 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAY	S (COST PER	СП	COST PER
27 11101110	OBLIE	OR DAYS OF CARE			PER UNI		PER ELIG	-	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	104	S	4,235.89	_	.73	3.586		470.65		146.07
COMM HOSP INPATIENT TOTAL	0	0	•	.00	•	.00	.000	•	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	104		4,235.89	40	.73	3.586		470.65		146.07
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	24		258.26	10	.76	.828		51.65		8.91
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	8	69		2,998.63	43	.46	2.379		374.83		103.40
CROSSOVERS/ALL OTH OUTPINT	1	11		979.00	89	.00	.379		979.00		33.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	270	\$	5,135.19	\$ 19.02	9.310	\$	256.76	\$	177.08
CLINIC	20	270		5,135.19	19.02	9.310		256.76		177.08
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITUR	RES M	IONTH-OF-PAYMENT REPO	ORT FOR JAN	1 2003 THRU	DEC	2003	P	AGE 2,848
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	R MEDI-CA	L TU	BERCULOSIS PROGRAM	AID COD	E 7H				
						M	IONT:	HLY AVERA	.GE	

						HLY AVERAGE	
29 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,849
MOP024 FEE-FOR-SERVICE/DENTAL
EL DORADO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	001111111111111111111111111111111111111	VIOLO I 011 11211011 0			00000 /11 /1 /11				
						MOI	THLY AVERAG	GE	
561 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	274	1,445	\$	136,004.68	\$ 94.12	2.576	496.37	\$	242.43
@PHYSICIANS SERVICES	149	402	\$	31,843.60	\$ 79.21	.717	213.72	\$	56.76
OUTPATIENT VISITS	49	61		4,352.10	71.35	.109	88.82		7.76
OFFICE VISITS	21	22		1,217.29	55.33	.039	57.97		2.17
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	8	8		499.30	62.41	.014	62.41		.89
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	23	30		2,629.07	87.64	.053	114.31		4.69
OTHER OUTPATIENT	1	1		6.44	6.44	.002	6.44		.01
INPATIENT VISITS	29	47		2,262.92	48.15	.084	78.03		4.03

IIOGDIMAI IIIGIMG	28	2.0			1 617 00		11 10		.070		57.75		0 00
HOSPITAL VISITS		39			1,617.08		41.46						2.88
CRITICAL CARE	2	8			645.84		80.73		.014		322.92		1.15
SNF/ICF/TRANS IP CARE	0	0			.00		.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	U	0			.00		.00		.000		.00		.00
EXAMINATIONS	0	0			.00		.00		.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	33	118			17,006.31		144.12		.210		515.34		30.31
PRINCIPAL SURGEON	28	39			15,528.51		398.17		.070		554.59		27.68
ASSISTANT SURGEON	1	1			186.50		186.50		.002		186.50		.33
ANESTHESIOLOGIST	7	78			1,291.30		16.56		.139		184.47		2.30
OUTPATIENT SURGERY	18	26			3,998.15		153.78		.046		222.12		7.13
PRINCIPAL SURGEON	14	17			3,515.66		206.80		.030		251.12		6.27
ASSISTANT SURGEON	0	0			.00		.00		.000		.00		.00
ANESTHESIOLOGIST	9	9			482.49		53.61		.016		53.61		.86
DIALYSIS	0	0			.00		.00		.000		.00		.00
PATHOLOGY	30	49			340.08		6.94		.087		11.34		.61
RADIOLOGY	39	46			3,058.82		66.50		.082		78.43		5.45
PSYCHIATRY	0	0			.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	13	32			423.10		13.22		.057		32.55		.75
OTHER SERVICES/ALL X-OVERS	11	23			402.12		17.48		.041		36.56		.72
@PHARMACY	51	79	\$		1,866.23	\$	23.62		.141	Ś	36.59	\$	3.33
PRESCRIPTION DRUGS	51	79	٧		1,866.23	٧	23.62		.141	~	36.59	٧	3.33
SNF/ICF	0	0			.00		.00		.000		.00		.00
OUTPATIENTS	51	79			1,866.23		23.62		.141		36.59		3.33
MEDICAL SUPPLIES	0	0			.00		.00		.000		.00		.00
@DENTIST	0	0	\$.00	ė.	.00		.000	Ċı	.00	\$.00
VISITS - DIAGNOSTIC	0	0	Ą		.00	Ą	.00		.000	Ą	.00	Ą	.00
ORAL SURGERY	0	0			.00		.00		.000		.00		.00
	0	0			.00						.00		
DRUGS	0	0			.00		.00		.000		.00		.00
ANESTHESIA	0	0							.000				.00
PERIODONTICS	0	0			.00		.00		.000		.00		.00
ENDODONTICS	0	0			.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00		.000		.00		.00
PROSTHETICS	0	0			.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ΞS	MONTH-	OF-PAYMENT RE	PORT	FOR JAN	2003	THRU	DEC	2003	PAG	E 2,850
MOP024	FEE-FOR-SERVICE/DENTA	L											01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

							OTA 1	TITLI AVENA	ظی	
561 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	7	123	\$	1,805.71	\$	14.68	.219	\$ 257.96	\$ 3.22
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	107	558	\$	87,969.74	\$	157.65	.995	\$ 822.15	\$ 156.81
HOSP INPATIENT TOTAL	23	64	•	77,683.43		1213.80	.114	3377.54	138.47
HSC HOSPITALS	3	15		21,880.01		1458.67	.027	7293.34	39.00
NON-HSC HOSPITAL TOTAL	20	49		55,803.42		1130.07	.087	2790.17	99.47
ACCOMMODATIONS	1 Ω	10		19,645.11		1138.85 400.92	.087	1091.40	35.02
ADMINISTRATIVE DAYS	0 0 107 23 3 20 18	10		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
TRANSTITONAL IP CARE	10	4.0							
ALL OTHER ACCOM	18	49		19,645.11		400.92	.087	1091.40	35.02
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	20	123 0 0 558 64 15 49 49 0 0 49 1 12 366 12		36,158.31		.00	.000	1807.92	64.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00 10,286.31 47.58		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	98	494		10,286.31		20.82	.881	104.96	18.34
MEDICAL	1	1		47.58		47.58	.002	47.58	.08
SURGERY	9	12		351.30		29.28	.021	39.03	.63
PATHOLOGY	83	366		5,886.63		16.08	.652	70.92	10.49
RADIOLOGY	11	12		741.87		61.82	.021	67.44	1.32
ROOM USE	42	62		2,410.62		38.88	.111	57.40	4.30
CROSSOVERS/ALL OTH OUTPTNT	21	41		848.31		20.69	.073	40.40	1.51
@COUNTY HOSPITAL TOTAL	4	31	\$	917.07	\$	29.58	.055		
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	•	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	366 12 62 41 31 0 0 0 0 0 0 0 0 0 0 0 0 4 14 0 7		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	000	.00	.00
ADMINISTRATIVE DAYS	0	Ô		.00		.00	000	0.0	.00
TRANSITIONAL IP CARE	0	Ô		.00		.00	000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00			.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	21		917.07		29.58	.055	229.27	1.63
MEDICAL	0	2 T		.00		.00	.000	.00	.00
	0	0							
SURGERY	3 2	4		116.54		29.14	.007	38.85	.21
PATHOLOGY	2	14		276.78		19.77	.025	138.39	.49
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	2	7		464.93		66.42	.012	232.47	.83
CROSSOVERS/ALL OTH OUTPTNT	3	6		58.82		9.80	.011	19.61	.10
#CALIF DEPT OF HEALTH SERV			ES MON	TH-OF-PAYMENT R	REPORT	' FOR JAN	2003 THRU	DEC 2003	•
	FEE-FOR-SERVICE/DENT								01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES	FOR MINOR CO	DNSENT	AID CODES AID	CODES	3 7M 7P 7R			
								IONTHLY AVERA	
561 ELIGIBLES		S OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER
	OR	DAYS OF CARE					PER ELIG		ELIGIBLE
	104	527	\$	87,052.67		165.19	.939		\$ 155.17
COMM HOSP INPATIENT TOTAL	23	64		77,683.43		1213.80	.114	3377.54	138.47
HSC HOSPITALS	3	15		21,880.01		1458.67	.027	7293.34	39.00
NON-HSC HOSPITALS TOTAL	20	49		55,803.42		1138.85	.087	2790.17	99.47
ACCOMMODATIONS	23 3 20 18	49		19,645.11		400.92	.087	1091.40	35.02
ADMINITURD ARTITLE DAVIG	Ō	0				0.0	000	0.0	0.0

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19,645.11

36,158.31

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47.58

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.627

ADMINISTRATIVE DAYS

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

TRANSITIONAL IP CARE

COMM HOSP OUTPATIENT TOTAL

.00

.00

.00

.00

98.62

47.58

39.13

68.41

1091.40

1807.92

.00

.00

.00

.00

.08

.42

35.02

64.45

16.70

10.00

RADIOLOGY	11	12		741.87		61.82	.021		67.44		1.32
ROOM USE	41	55		1,945.69		35.38	.098		47.46		3.47
CROSSOVERS/ALL OTH OUTPTNT		35		789.49		22.56	.062		41.55		1.41
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	20	38	\$	649.04	\$	17.08	.068	\$	32.45	\$	1.16
PATHOLOGY	20	38		649.04		17.08	.068		32.45		1.16
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	54	231	\$	9,501.18	\$	41.13	.412	\$	175.95	\$	16.94
CLINIC	37	176		6,472.87		36.78	.314		174.94		11.54
SURGICENTER	6	40		973.64		24.34	.071		162.27		1.74
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	15		2,054.67		136.98	.027		186.79		3.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MON'	TH-OF-PAYMENT RE	EPORT	FOR JAN 2003	THRU	DEC	2003	PA	GE 2,852
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSENT	AID CODES AID (CODES	7M 7P 7R 7N					
										~-	

----- MONTHLY AVERAGE -----561 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY @ALL OTHER PROVIDERS 14 14 2,369.18 169.23 .025 \$ 169.23 \$ 4.22 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 13 13 1,262.50 97.12 .023 97.12 2.25 .00 0 0 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST 0 .00 .000 .00 0 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 PROSTHETICS .00 .000 .00 .00 .00 .00 .000 .00 ORTHOTICS PSYCHOLOGIST 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .000 HOSPICE SERVICES 0 .00 .00 .00 .00 0 NONINST BIRTHING CENTERS 1,106.68 1106.68 .002 1106.68 1.97

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ 2,030.00	\$.00	.000 \$.00 \$	3.62
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,853 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY	SUMMARY OF SERVI	CES FOR	EDWARDS	CASES	IN PA-FAMILIES	AID CODE	38		
22 201020 000111	Solumet of SERVE	1010		011020		1112 0022	MON	THLY AVERAG	E
674 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS	OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	423 111		1,362	\$	65,025.70	\$ 47.74	2.021 \$	153.73	
@PHYSICIANS SERVICES	111		191	\$		\$ 49.17	.283 \$		
OUTPATIENT VISITS	91		117	•	4,476.77	38.26	.174		6.64
OFFICE VISITS	48		59		1,823.32	30.90	.088	37.99	2.71
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	41		46		2,251.48	48.95	.068	54.91	3.34
PREVENTIVE CARE	1		1		43.85	43.85	.001	43.85	.07
OB VISITS/COMPRE PERI	1		3		181.44	60.48	.004	181.44	.27
OTHER OUTPATIENT	6		8		176.68	22.09	.012	29.45	.26
INPATIENT VISITS	3		10		385.73	38.57	.015	128.58	.57
HOSPITAL VISITS	3		10		385.73	38.57	.015	128.58	.57
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1		1		30.00	30.00	.001	30.00	.04
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	1		1		30.00	30.00	.001	30.00	.04
INPATIENT HOSPITAL SURGERY	2		2		836.71	418.36	.003	418.36	1.24
PRINCIPAL SURGEON	2		2		836.71	418.36	.003	418.36	1.24
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5		6		928.35	154.73	.009	185.67	1.38
PRINCIPAL SURGEON	5		5		849.70	169.94	.007	169.94	1.26
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1		1		78.65	78.65	.001	78.65	.12
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	6		7		103.96	14.85	.010	17.33	.15
RADIOLOGY	20		26		916.87	35.26	.039	45.84	1.36
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3		14		1,566.35	111.88	.021	522.12	2.32
OTHER SERVICES/ALL X-OVERS	5		8		146.12	18.27	.012	29.22	. 22
@PHARMACY	210		390	\$	16,932.32	\$ 43.42	.579 \$		
PRESCRIPTION DRUGS	206		355		16,391.03	46.17	.527	79.57	24.32
SNF/ICF	3		16		1,023.61	63.98	.024	341.20	1.52
OUTPATIENTS	203		339		15,367.42	45.33	.503	75.70	22.80
MEDICAL SUPPLIES	5		35	_	541.29	15.47	.052	108.26	.80
@DENTIST	34		144	\$	5,175.68	\$ 35.94	.214 \$		
VISITS - DIAGNOSTIC	21		83		1,219.00	14.69	.123	58.05	1.81
ORAL SURGERY	2		3		210.00	70.00	.004	105.00	.31
DRUGS	U		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	<u> </u>		1 6		.00	.00	.001	.00	.00
ENDODONTICS	4				1,392.00	232.00 48.94	.009	348.00	2.07
RESTORATIVE DENTISTRY	8		33 0		1,615.00	48.94	.049	201.88	2.40
PROSTHETICS	U		U		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1		7		288.00	4	1.14	.03	.0	288	.00		.43
SPACE MAINTAINERS	1		1		120.00	12	0.00	.00	1	120	.00		.18
MAXILLOFACIAL SERVICES	0		0		.00		.00	.00	0 (.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.00	0 (.00		.00
ORTHODONTIC SERVICES	6		8		331.68	4	1.46	.03	_2	55	.28		.49
ALL OTHER SERVICES	1		2		.00		.00	.00)3		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXI	PENDITURE	ES MON'	TH-OF-PAYMENT R	EPORT FO	R JAN	2003 TH	RU DI	EC 2003		PAGE	2,854
MOP024	FEE-FOR-SERVICE/	DENTAL										0.3	1/29/04
EL DORADO COUNTY	SUMMARY OF SERVI	ICES FOR	EDWARDS	CASES	IN PA-FAMILIES	AI	D CODE	38					
									OM -	THLY A	VERA	}E	
674 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAG	E COST	UNITS/	DAYS	COST :	PER	COS	T PER
		OR DAYS	OF CARE			PER UN	IT/DAY	PER E	ΙG	USE	R	ELI	GIBLE
@OPTOMETRIST	1		3	\$	42.85	\$ 1	4.28	.00)4 \$	\$ 42	.85	\$.06
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.00	0 (.00		.00
EYE APPLIANCES	1		3		42.85	1	4.28	.00) 4	42	.85		.06
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.00	0 (.00		.00

@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.003	\$	33.44	\$.05
VISITS	1	2	•	33.44		16.72	.003	•	33.44		.05
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	4	.00	بغ	.00
	0		Ą		Ą			Ą		Ą	
MEDICINE/INJECTIONS	U	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	2	\$	90.05	\$	45.03	.003	\$	45.03	\$.13
NURSE ANESTHESIST	0	0	Ś	.00	Ś	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ė	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ċ	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Ġ	.00	\$.00		\$.00		.00
	-		ې d		ې ط						
@TOTAL HOSPITAL	101	358	Ş	22,207.93	Ş	62.03		\$	219.88	Ş	32.95
HOSP INPATIENT TOTAL	2	9		13,686.76		1520.75	.013		6843.38		20.31
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	9		13,686.76		1520.75	.013		6843.38		20.31
ACCOMMODATIONS	2	9		4,551.00		505.67	.013		2275.50		6.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	9		4,551.00		505.67	.013		2275.50		6.75
ANCILLARIES	2	0		9,135.76		.00	.000		4567.88		13.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	100	349									
				8,521.17		24.42	.518		85.21		12.64
MEDICAL	17	29		1,000.68		34.51	.043		58.86		1.48
SURGERY	7	8		237.20		29.65	.012		33.89		. 35
PATHOLOGY	33	106		1,301.33		12.28	.157		39.43		1.93
RADIOLOGY	20	23		1,533.89		66.69	.034		76.69		2.28
ROOM USE	76	99		3,433.11		34.68	.147		45.17		5.09
CROSSOVERS/ALL OTH OUTPTNT	41	84		1,014.96		12.08	.125		24.76		1.51
@COUNTY HOSPITAL TOTAL	1	2	\$	41.47	\$	20.74	.003	\$	41.47	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	•	.00	.000		.00	-	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0									.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		41.47		20.74	.003		41.47		.06
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		33.11		33.11	.001		33.11		.05
CROSSOVERS/ALL OTH OUTPTNT	1	1		8.36		8.36	.001		8.36		.01
#CALIF DEPT OF HEALTH SERV		TES AND EXPENDITIER	ES MO		EPOR			DEC		P	AGE 2,855
MOP024	FEE-FOR-SERVICE		III OIL	SIVIII OI IIIIIIIIVI ICI	DI 010	CI TOR OTH	2005 11110	рцс	2005	1.1	01/29/04
EL DORADO COUNTY		VICES FOR EDWARDS	י מאפד	C TN DA_EAMTITEC		AID CODE	3 0				01/25/04
EL DORADO COUNTI	SUMMAKI OF SERV	TCES FOR EDWARDS	CASI	S IN FA-PAMILLES		AID CODE	M	דיזא	א מישוא ע דעי	CE	
674 FITCIDIFC	USERS	INITE OF SERVICE	1	EXPENDITURES	7.7.7	TEDACE COCT					
674 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITORES							COST PER
ACOMMINITE LICENTERS COMMINITED	1.01	OR DAYS OF CARE		22 166 46		ER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	101		\$	22,166.46	Ş	62.27		Ş	219.47	Ş	32.89
COMM HOSP INPATIENT TOTAL	2	9		13,686.76		1520.75	.013		6843.38		20.31
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	9		13,686.76		1520.75	.013		6843.38		20.31
ACCOMMODATIONS	2	9		4,551.00		505.67	.013		2275.50		6.75

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	9		4,551.00		505.67	.013		2275.50		6.75
ANCILLARIES	2	0		9,135.76		.00	.000		4567.88		13.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	100	347		8,479.70		24.44	.515		84.80		12.58
MEDICAL	17	29		1,000.68		34.51	.043		58.86		1.48
SURGERY	7	8		237.20		29.65	.012		33.89		.35
PATHOLOGY	33	106		1,301.33		12.28	.157		39.43		1.93
RADIOLOGY	20	23		1,533.89		66.69	.034		76.69		2.28
ROOM USE	76	98		3,400.00		34.69	.145		44.74		5.04
CROSSOVERS/ALL OTH OUTPTNT		83		1,006.60		12.13	.123		25.17		1.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	12	62	\$	848.39	\$	13.68	.092	\$	70.70	\$	1.26
PATHOLOGY	12	62		848.39		13.68	.092		70.70		1.26
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	48	74	\$	8,654.11	\$	116.95	.110	\$	180.29	\$	12.84
CLINIC	6	15		803.82		53.59	.022		133.97		1.19
SURGICENTER	2	10		243.41		24.34	.015		121.71		.36
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	40	49		7,606.88		155.24	.073		190.17		11.29
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	Ρ	AGE 2,856
MOP024	FEE-FOR-SERVICE										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVI	CES FOR EDWARDS	CASES	IN PA-FAMILIES		AID CODE				~-	
684 BL TGTDI BG	Hanna						M				
674 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
ONLI OMURR PROUITRIRG	2.2	OR DAYS OF CARE		1 (50 07		- ,	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	33	136	\$	1,650.07	\$	12.13	.202	Ş	50.00	Ş	2.45
DURABLE MED. EQUIP.	2	2		327.55		163.78	.003		163.78		.49
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	3	25		343.23		13.73	.037		114.41		.51
AMBULANCES/AIR TRANS	3	25		343.23		13.73	.037		114.41		.51
OTHER TRANS	U	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	-		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00 .00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL INERAPISI	U	U		.00		.00	.000		.00		.00

OPTICIAN	7	14	139.10	9.94	.021	19.87	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	93	818.67	8.80	.138	40.93	1.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	21.52	10.76	.003	21.52	.03
@CALIF. CHILDREN SERVICES*	3	33	\$ 796.46	\$ 24.14	.049	\$ 265.49	\$ 1.18
@XOVER EXCLUDING STATE HOSP**	2	5	\$ 4.51	\$.90	.007	\$ 2.26	\$.01

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,857 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

EL DORADO COUNTI	SUMMARI OF SERV	VICES FOR SSI APPEAL/	NLDC IN PA-DISABLE	TO SECOND OF	MON	ידעדע אזייבים א	CE
239 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	_	COST PER	COST PER
539 ELIGIBLES	USERS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	66	398 \$	21,110.57	\$ 53.04	1.665 \$		\$ 88.33
@PHYSICIANS SERVICES	27	80 \$	8,489.90	\$ 106.12	.335 \$		
OUTPATIENT VISITS	17	30	1,077.11	35.90	.126	63.36	4.51
OFFICE VISITS	12	23	692.50	30.11	.096	57.71	2.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	338.85	.00 56.48	.025	56.48	1.42
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.004	45.76	.19
INPATIENT VISITS	0	Û	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	Ô	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	20	2,817.75	140.89	.084	1408.88	11.79
PRINCIPAL SURGEON	1	5	2,145.19	429.04	.021	2145.19	8.98
ASSISTANT SURGEON	1	1	337.30	337.30	.004	337.30	1.41
ANESTHESIOLOGIST	1	14	335.26	23.95	.059	335.26	1.40
OUTPATIENT SURGERY	1	2	126.52	63.26	.008	126.52	.53
PRINCIPAL SURGEON	1	2	126.52	63.26	.008	126.52	.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	9	635.44	70.60	.038	317.72	2.66
RADIOLOGY	4	9	3,682.23	409.14	.038	920.56	15.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	10	150.85	15.09	.042	16.76	.63
@PHARMACY	43	127 \$	6,655.76	\$ 52.41	.531 \$		
PRESCRIPTION DRUGS	43	125	6,654.08	53.23	.523	154.75	27.84
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	43	125	6,654.08	53.23	.523	154.75	27.84

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	1	2	1.68	.84	.008	1.68	.01
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,858
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	R SSI APPE	AL/NLDC IN PA-DISABL	ED AID CODES	6N 6P		

----- MONTHLY AVERAGE -----239 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 .000 \$ @OPTOMETRIST 0 0 \$.00 .00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .000 \$ @CHIROPRACTOR .00 .00 0 .00 .00 .000 .00 VISITS .00 OTHER SERVICES .00 .00 .000 .00 .00 5 @PODIATRIST 76.21 15.24 .021 76.21 .32 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 .00 .000 .00 RADIO./PATHOLOGY .00 .00 OTHER 5 76.21 15.24 .021 76.21 .32 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 .00 \$ NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 .00 .00 .000 .00 NURSE MIDWIFE .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 5,168.04 27 31.71 191.41 @TOTAL HOSPITAL 163 .682 21.62 HOSP INPATIENT TOTAL 1 2,592.00 1296.00 .008 2592.00 10.85 1210.00 2420.00 HSC HOSPITALS 2,420.00 .008 10.13 NON-HSC HOSPITAL TOTAL 172.00 .00 .000 .00 .72 ACCOMMODATIONS 0 172.02 .00 .000 .00 .72 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 172.02 .00 .000 .72 ALL OTHER ACCOM .02CR ANCILLARIES .00 .000 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 .00 .000 .000 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 27 161 2,576.04 16.00 .674 95.41 10.78 3 13.47 20.21 MEDICAL 40.41 .013 .17 SURGERY 0 0 .00 .00 .000 .00 .00 PATHOLOGY 13 110 1,286.98 11.70 .460 99.00 5.38 RADIOLOGY 3 4 342.21 85.55 .017 114.07 1.43 299.00 37.38 37.38 ROOM USE .033 1.25 CROSSOVERS/ALL OTH OUTPTNT 36 607.44 16.87 .151 43.39 2.54 14 @COUNTY HOSPITAL TOTAL 0 .00 .00 .000 .00 .00 .00 .000 0 .00 .00 CO HOSPITAL INPATIENT TOTAL 0 .00 HSC HOSPITALS .00 .00 .000 .00 .00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,859

MOP024 EL DORADO COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR	SSI AP	PEAL	/NLDC	IN PA-DISABLE	D AII	CODES 61						
				_	_							HLY AVERA		
239 ELIGIBLES	USERS	UNITS OF			1	EXPENDITURES		RAGE COST						COST PER
		OR DAYS						UNIT/DAY				USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27		163	\$		5,168.04	\$	31.71		.682	Ş	191.41	Ş	21.62
COMM HOSP INPATIENT TOTAL	1		2			2,592.00		L296.00		.008		2592.00		10.85
HSC HOSPITALS	1		2			2,420.00	1	L210.00		.008		2420.00		10.13
NON-HSC HOSPITALS TOTAL	0		0			172.00		.00		.000		.00		.72
ACCOMMODATIONS	0		0			172.02		.00		.000		.00		.72
ADMINISTRATIVE DAYS	0		0			.00		.00		.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00		.000		.00		.00
ALL OTHER ACCOM	0		0			172.02		.00		.000		.00		.72
ANCILLARIES	0		0			.02CR	{	.00		.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	27		161			2,576.04		16.00		674		95.41		10.78
MEDICAL	2		3			40.41		13.47		.013		20.21		.17
SURGERY	0		0			.00		.00		.000		.00		.00
	13		110			1,286.98		11.70		460		99.00		5.38
PATHOLOGY	3					·		85.55		. 017				1.43
RADIOLOGY			4			342.21						114.07		1.43
ROOM USE	8		8			299.00		37.38		.033		37.38		
CROSSOVERS/ALL OTH OUTPTNT			36	4		607.44	4	16.87		. 151		43.39		2.54
@STATE HOSPITAL	0		0	\$.00	\$.00		.000	Ş	.00	Ş	.00
MENTALLY ILL	0		0			.00		.00		.000		.00		.00
DEVELOP. DISABLED	0		0			.00		.00		.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00		.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0			.00		.00		.000		.00		.00
LEV B-REHAB MD	0		0			.00		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0			.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			.00		.00		.000		.00		.00
LEV B-REGULAR	0		0			.00		.00		.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00		.000	\$.00	\$.00
ICF DDH	0		0	·		.00	•	.00		.000	•	.00		.00
ICF DD	0		0			.00		.00		.000		.00		.00
ICF DDN/DDCN	0		0			.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00		.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		Ö	τ		.00	τ	.00		.000	Υ	.00	Τ.	.00
HEMODIALYSIS CENTER	0		Ö			.00		.00		.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00		.000	\$.00	Ś	.00
HOSPITAL BASED	0		0	۲		.00	٧	.00		.000	Y	.00	٧	.00
INDEPENDENT FACILITY	0		0			.00		.00		.000		.00		.00
	4		6	\$		197.56	\$	32.93		.025	ċ,	49.39	بخ	.83
@LABORATORY FACILITY	4		6	Ą		197.56	Ą	32.93		.025	Ą	49.39	Ą	
PATHOLOGY	4													.83
XO AND OTHERS	0		0	4		.00	4	.00		.000	4	.00	4	.00
@ORGANIZED OUTPATIENT CLINIC	2		3	\$		341.12	\$	113.71		.013	Ş	170.56	Ş	1.43
CLINIC	0		0			.00		.00		.000		.00		.00
SURGICENTER	U		0			.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0		0			.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	2		3			341.12		113.71		.013		170.56		1.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXI	PENDITU	RES I	MONTH-	-OF-PAYMENT RE	PORT	FOR JAN 2	2003 1	THRU	DEC	2003	P	AGE 2,860
MOP024	FEE-FOR-SERVICE	/DENTAL												01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR	SSI AP	PEAL,	/NLDC	IN PA-DISABLE	D AII	CODES 61	N 6P					
										M	ONT	HLY AVERA	GΕ	
239 ELIGIBLES	USERS	UNITS OF	SERVIC	E]	EXPENDITURES	AVEF	RAGE COST	UNITS	S/DAY	S (COST PER		COST PER
		OR DAYS	OF CAR	E			PER	UNIT/DAY	PER	ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2		14	\$		181.98	\$	13.00		.059		90.99	\$.76
DURABLE MED. EQUIP.	0		0	•		.00		.00		.000	•	.00	•	.00
BLOOD BANK	0		0			.00		.00		.000		.00		.00
	-		-											,

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	13	179.65	13.82	.054	179.65	.75
AMBULANCES/AIR TRANS	1	13	179.65	13.82	.054	179.65	.75
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	2.33	2.33	.004	2.33	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	14	40 \$	518.07	\$ 12.95	.167	\$ 37.01	\$ 2.17
⊕ + momato ta munon timeo and ottoni		TATE OD MARKET ON THE MARKET	ONTT 37 •				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,861 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

EL DORADO COUNTI	SUMMARI OF SERV	VICES FOR CRAIG C	HOFO-	AGED IN PA-AGED	AID CODE	7 TE		
						MOI	NTHLY AVERAG	E
117 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	177	2,894	\$	260,089.80	\$ 89.87	24.735	\$ 1469.43	\$ 2222.99
@PHYSICIANS SERVICES	16	85	\$	1,154.10	\$ 13.58	.726	\$ 72.13	\$ 9.86
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	16	85		1,154.10		13.58	.726		72.13		9.86
@PHARMACY	165	1,177	\$	39,996.61	\$	33.98	10.060	\$	242.40	\$	341.85
PRESCRIPTION DRUGS	164	617	•	39,736.67	•	64.40	5.274		242.30		339.63
SNF/ICF	55	273		15,524.66		56.87	2.333		282.27		132.69
OUTPATIENTS	110	344		24,212.01		70.38	2.940		220.11		206.94
MEDICAL SUPPLIES	7	560		259.94		.46	4.786		37.13		2.22
@DENTIST	10	41	\$	1,540.00	\$	37.56	.350	\$	154.00	\$	13.16
VISITS - DIAGNOSTIC	6	9		230.00		25.56	.077		38.33		1.97
ORAL SURGERY	2	16		715.00		44.69	.137		357.50		6.11
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	9		495.00		55.00	.077		495.00		4.23
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	7		100.00		14.29	.060		33.33		.85
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC 2	2003	PI	GE 2,862
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	- AGED IN PA-AGED		AID CO	DE 1E				
							M	ONTHI	LY AVERA	GE -	

						M	ONT	HLY AVERA	GE	
117 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	9	26	\$ 350.95	\$	13.50	.222	\$	38.99	\$	3.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	7	18	287.88		15.99	.154		41.13		2.46
OTHER OPTOMETRIC SERVICES	3	8	63.07		7.88	.068		21.02		.54
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	5	5	\$ 24.21	\$	4.84	.043	\$	4.84	\$.21
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	5	5	24.21		4.84	.043		4.84		.21
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	13	94	\$ 1,448.09	\$	15.41	.803	\$	111.39	\$	12.38
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	13	94		1,448.09	15.41	.803	111.39	12	2.38
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	13	94		1,448.09	15.41	.803	111.39	12	2.38
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	.00	.000	.00	-	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	RES MO	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	EC 2003	PAGE	2,863
MOP024	FEE-FOR-SERVICE/I							01/	/29/04
EL DORADO COUNTY	SUMMARY OF SERVICE	CES FOR CRAIG (CASES-	- AGED IN PA-AGED	AID COD				
						_	NTHLY AVERA	-	
117 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	AVERAGE COST	,	COST PER	COST	
		OR DAYS OF CARE	3		PER UNIT/DAY		USER	ELIG]	
@COMMUNITY HOSPITAL TOTAL	13	94	\$	1,448.09	\$ 15.41	.803	111.39	\$ 12	2.38

117 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST			COST PER	COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG	ļ	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	94	\$	1,448.09	\$	15.41	.803	\$	111.39	\$ 12.38
COMM HOSP INPATIENT TOTAL	0	0	•	.00	-	.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	13	94		1,448.09		15.41	.803		111.39	12.38
MEDICAL	0	0		.00		.00	.000		.00	.00
SURGERY	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
ROOM USE	0	0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	13	94		1,448.09		15.41	.803		111.39	12.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	39	1,286	\$	198,156.24	\$	154.09	10.991	\$	5080.93	\$ 1693.64
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	39	1,286		198,156.24		154.09	10.991		5080.93	1693.64
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,864

MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E 01/29/04

EL DORADO COUNTY

EL DORADO COUNTY	SUMMARY OF SERVICE	S FOR CRAIG CASES-	AGED IN PA-AGED	AID CODE	: 1E		
					MON	THLY AVERA	GE
117 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	16	180 \$	17,419.60	\$ 96.78	1.538	1088.73	\$ 148.89
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	5	171.45	34.29	.043	85.73	1.47
AMBULANCES/AIR TRANS	1	2	128.08	64.04	.017	128.08	1.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	3	43.37	14.46	.026	43.37	.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	128.16	10.68	.103	21.36	1.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	.33	.33	.009	.33	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	4	154	16,984.57	110.29	1.316	4246.14	145.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	8	135.09	16.89	.068	45.03	1.15
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		
@XOVER EXCLUDING STATE HOSP**	36	206 \$	2,871.37	\$ 13.94	1.761	79.76	\$ 24.54
@* TOTALS IN THESE LINES ARE							
THE AMOUNTS ARE ALREADY IN			ABOVE.				
** THESE DATA ARE INCLUDED II							
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	EC 2003	PAGE 2,865
MOP024	FEE-FOR-SERVICE/DE						01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICE	S FOR CRAIG CASES-	BLIND IN PA-BLIN	D AID CODE	2E		

				MON	ITHLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
22	685 \$	116,017.20	\$ 169.37	57.083	5273.51	\$ 9668.10
5	64 \$	3,048.63	\$ 47.63	5.333	609.73	\$ 254.05
3	9	408.33	45.37	.750	136.11	34.03
2	6	212.70	35.45	.500	106.35	17.73
0	0	.00	.00	.000	.00	.00
2	2	176.43	88.22	.167	88.22	14.70
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	19.20	19.20	.083	19.20	1.60
1	17	530.37	31.20	1.417	530.37	44.20
1	17	530.37	31.20	1.417	530.37	44.20
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
		OR DAYS OF CARE 22 685 \$	OR DAYS OF CARE 22 685 \$ 116,017.20 5 64 \$ 3,048.63 3 9 408.33 2 6 212.70 0 0 0 .00 2 2 2 176.43 0 0 0 .00 0 0 .00 1 1 1 19.20 1 17 530.37 1 17 530.37 0 0 0 .00 0 0 0 .00	OR DAYS OF CARE 22 685 \$ 116,017.20 \$ 169.37 5 64 \$ 3,048.63 \$ 47.63 3 9 408.33 45.37 2 6 212.70 35.45 0 0 0 .00 .00 2 2 2 176.43 88.22 0 0 0 .00 .00 0 0 .00 1 1 1 19.20 19.20 1 17 530.37 31.20 1 17 530.37 31.20 0 0 .00 0 0 .00 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 22 685 \$ 116,017.20 \$ 169.37 57.083 \$ 55 64 \$ 3,048.63 \$ 47.63 5.333 \$ 55 64 \$ 3,048.63 \$ 47.63 5.333 \$ 55 64 \$ 3,048.63 \$ 47.63 5.333 \$ 55 64 \$ 65 64	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 22 685 \$ 116,017.20 \$ 169.37 57.083 \$ 5273.51 5 64 \$ 3,048.63 \$ 47.63 5.333 \$ 609.73 3 9 408.33 45.37 .750 136.11 2 6 212.70 35.45 .500 106.35 0 0 .00 .00 .00 .00 2 2 176.43 88.22 .167 88.22 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 1 1 19.20 19.20 .083 19.20 1 17 530.37 31.20 1.417 530.37 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	24		1,647.89		68.66	2.000		823.95		137.32
PRINCIPAL SURGEON	2	4		1,301.26		325.32	.333		650.63		108.44
ASSISTANT SURGEON	1	1		113.92		113.92	.083		113.92		9.49
ANESTHESIOLOGIST	1	19		232.71		12.25	1.583		232.71		19.39
OUTPATIENT SURGERY	2	2		145.19		72.60	.167		72.60		12.10
PRINCIPAL SURGEON	2	2		145.19		72.60	.167		72.60		12.10
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		120.47		60.24	.167		120.47		10.04
RADIOLOGY	2	5		59.86		11.97	.417		29.93		4.99
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	5		136.52		27.30	.417		68.26		11.38
@PHARMACY	20	172	\$	9,606.87	\$	55.85	14.333	\$	480.34	\$	800.57
PRESCRIPTION DRUGS	19	153		9,199.13		60.13	12.750		484.16		766.59
SNF/ICF	14	117		6,678.48		57.08	9.750		477.03		556.54
OUTPATIENTS	5	36		2,520.65		70.02	3.000		504.13		210.05
MEDICAL SUPPLIES	3	19		407.74		21.46	1.583		135.91		33.98
@DENTIST	1	5	\$	64.00	\$	12.80	.417	\$	64.00	\$	5.33
VISITS - DIAGNOSTIC	1	5		64.00		12.80	.417		64.00		5.33
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR7	r for jan	2003 THRU	DEC	2003	PI	AGE 2,866
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES H	FOR CRAIG	CASES	- BLIND IN PA-BLI	ND	AID CO					
							M				
10 61 10 16 6	TICEDO INTERO	י סדי מהטידמ	₽.	האטבאוט בתווט בכ	7\ \ 7.7.7	ים אמה מסמי	יי דוודדייים / האנז	C (ממת שטטר		משת שטטר

12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ7.7	ERAGE COST	IINITTS / DAY	S	COST PER		COST PER
12 111015115	ODLIND	OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	Λ	010 27112 01 07101	ė.	.00	٠.	.00	.000		.00	Ġ	.00
	0	0	Ą	.00	Ą	.00	.000	Ą		Ą	.00
DIAGNOSTIC AND ANC. PROCED	0	0							.00		
EYE APPLIANCES	U	U		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	5.82	\$	5.82	.083	\$	5.82	\$.49
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		5.82		5.82	.083		5.82		.49
@HOME HEALTH AGENCY	2	19	\$	1,422.34	\$	74.86	1.583	\$	711.17	\$	118.53
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
@TOTAL HOSPITAL	5	29	Š	29,182.18	Š	1006.28	2.417	Ś	5836.44	Š	2431.85
01011III 11001 111III	5	20	~	25,102.10	Y	1000.20	2.11/	Y	3033.11	Y	2131.03

HOSP INPATIENT TOTAL	1	17		29,019.00	1707.00	1.417	29019.00		2418.25
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	1	17		29,019.00	1707.00	1.417	29019.00		2418.25
ACCOMMODATIONS	1	17		9,061.00	533.00	1.417	9061.00		755.08
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	17		9,061.00	533.00		9061.00		755.08
ANCILLARIES	1	0		19,958.00	.00		19958.00		1663.17
INPATIENT CROSSOVERS	0	0		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00		.00		.00
HOSP OUTPATIENT TOTAL	4	12		163.18	13.60		40.80		13.60
MEDICAL	0	0		.00	.00		.00		.00
SURGERY	0	0		.00	.00		.00		.00
PATHOLOGY	2	9		109.47	12.16		54.74		9.12
RADIOLOGY	_ 1	1		21.92	21.92		21.92		1.83
ROOM USE	<u></u>	1		28.00	28.00		28.00		2.33
CROSSOVERS/ALL OTH OUTPTNT	<u></u>	1		3.79	3.79		3.79		.32
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	т	.00	.00		.00	т.	.00
HSC HOSPITALS	0	0		.00	.00		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00		.00		.00
ACCOMMODATIONS	0	0		.00	.00		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
ALL OTHER ACCOM	0	0		.00	.00		.00		.00
ANCILLARIES	0	0		.00	.00		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00		.00		.00
MEDICAL	0	0		.00	.00		.00		.00
SURGERY	0	0		.00	.00		.00		.00
PATHOLOGY	0	0		.00	.00		.00		.00
RADIOLOGY	0	0		.00	.00		.00		.00
ROOM USE	0	0		.00	.00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00		.00		.00
	MEDI-CAL SERVICES	S AND EXPENDITUR	ES MC	NTH-OF-PAYMENT RE	EPORT FOR JA			Р	PAGE 2,867
MOP024	FEE-FOR-SERVICE/I								01/29/04
EL DORADO COUNTY			ASES-	- BLIND IN PA-BLIN	ND AID C	ODE 2E			01/2//01
					2		ONTHLY AVER	AGE	
12 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DAY			COST PER
		OR DAYS OF CARE				AY PER ELIC			ELIGIBLE
@COMMINITY HOSPITAL TOTAL	5		Ś	29 182 18	\$ 1006 28		\$ 5836 44		

					I·I	ONITLI AVERA	401	
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
5	29	\$	29,182.18	\$ 1006.28	2.417	\$ 5836.44	\$	2431.85
1	17		29,019.00	1707.00	1.417	29019.00		2418.25
0	0		.00	.00	.000	.00		.00
1	17		29,019.00	1707.00	1.417	29019.00		2418.25
1	17		9,061.00	533.00	1.417	9061.00		755.08
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
1	17		9,061.00	533.00	1.417	9061.00		755.08
1	0		19,958.00	.00	.000	19958.00		1663.17
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
4	12		163.18	13.60	1.000	40.80		13.60
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
2	9		109.47	12.16	.750	54.74		9.12
1	1		21.92	21.92	.083	21.92		1.83
1	1		28.00	28.00	.083	28.00		2.33
1	1		3.79	3.79	.083	3.79		.32
0	0	\$.00	\$.00	.000	\$.00	\$.00
	USERS 5 1 0 1 1 0 0 1 1 1 0 0 0 2 1 1 1 0 0	OR DAYS OF CARE	OR DAYS OF CARE	OR DAYS OF CARE 5	OR DAYS OF CARE 5 29 \$ 29,182.18 \$ 1006.28 1 17 29,019.00 1707.00 0 0 .00 .00 .00 1 177 29,019.00 1707.00 1 177 9,061.00 533.00 0 0 .00 .00 0 .00 .00 1 177 9,061.00 533.00 1 177 9,061.00 533.00 1 177 9,061.00 533.00 1 177 9,061.00 533.00 1 179,958.00 .00 0 0 19,958.00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAY PER UNIT/DAY PER ELIG PER UNIT/DAY PER	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY COST PER USER 5 29 \$ 29,182.18 \$ 1006.28 2.417 \$ 5836.44 17 29,019.00 1707.00 1.417 29019.00 20019.00 0.00 0.00 0.00 0.00 0.00 0.00 0 0 0 0.00 1.417 29019.00 1.417 29019.00 1.417 29019.00 0.0	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER ELIG USER COST PER USER 5 29 \$ 29,182.18 \$ 1006.28 2.417 \$ 5836.44 \$ 1 17 29,019.00 1707.00 1.417 29019.00 0 0 0 .00 .00 .00 .00 0 .00 .00 .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	13	382	\$	72,354.01	\$	189.41	31.833	\$	5565.69	\$	6029.50
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000		.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	13	382		72,354.01		189.41	31.833		5565.69		6029.50
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES MC	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 2,868
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	- BLIND IN PA-BLIN	D	AID COL					
							M	ONT	HLY AVERA	GE.	

				MON	THLY AVERAC	3E
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
3	13 \$	333.35	\$ 25.64	1.083 \$	111.12	\$ 27.78
2	5	183.97	36.79	.417	91.99	15.33
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	8	149.38	18.67	.667	149.38	12.45
1	8	149.38	18.67	.667	149.38	12.45
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0		.00			.00
0	0		.00			.00
0	0		.00			.00
0	0		.00		.00	.00
0	0					.00
0	0		.00			.00
0	0		.00			.00
0	0		.00			.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 3 2 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	OR DAYS OF CARE 3	OR DAYS OF CARE 13 \$ 13 \$ 333.35 \$ 25.64 2 5 183.97 36.79 0 0 0 .00 .00 .00 0 0 .00 .00 1 8 149.38 18.67 1 8 149.38 18.67 0 0 0 .00 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG 3 13 \$ 333.35 \$ 25.64 1.083 \$ 2 5 183.97 36.79 417 0 0 .00 .00 .00 1 8 149.38 18.67 .667 1 8 149.38 18.67 .667 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG PER UNIT/DAY PER ELIG USER PER UNIT/DAY PER ELIG USER USER USER USER USER USER USER USER

ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	2	\$	9.61	\$	4.81	.167	\$	4.81	\$.80
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT	TE INFORMATION	ITEM	ONLY;							
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE APPI	ROPRIATE DETAI	L LIN	ES ABOVE.							
** THESE DATA ARE INCLUDED II	N THE APPROPRIATE	DETAIL LINES A	ABOVE	l.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDIT	URES	MONTH-OF-PAYMENT	REPORT	r for Jan :	2003 THRU D	EC	2003	PI	GE 2,869
MOP024	FEE-FOR-SERVICE/I	DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERVIO	CES FOR CRAIG	CASE	S- DISABLED IN PA	-DISA	BLED AID CO	ODE 6E				
							MC	NTH	LY AVERA	GE -	
526 ELIGIBLES	USERS (UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	C	OST PER	(COST PER
		OR DAYS OF CAL	RE		PEI	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	510	8,997	\$	254,919.42	\$	28.33	17.105	\$	499.84	\$	484.64
@PHYSICIANS SERVICES	76	224	\$	10,662.60	\$	47.60	.426	\$	140.30	\$	20.27
OUTPATIENT VISITS	41	55		1,956.11		35.57	.105		47.71		3.72
OFFICE VISITS	22	27		852.14		31.56	.051		38.73		1.62

HOME VISITS	0	0			00	.00	.000		.00		.00
EMERGENCY ROOM	12	13		717.	35	55.18	.025		59.78		1.36
PREVENTIVE CARE	0	0			00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			00	.00	.000		.00		.00
OTHER OUTPATIENT	11	15		386.	62	25.77	7 .029		35.15		.74
INPATIENT VISITS	2	9		487.	22	54.14	4 .017		243.61		.93
HOSPITAL VISITS	2	9		487.	22	54.14			243.61		.93
CRITICAL CARE	0	0			00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			00	.00			.00		.00
EXAMINATIONS	0	0			00	.00			.00		.00
SERVICES AND MATERIALS	0	0			00	.00			.00		.00
INPATIENT HOSPITAL SURGERY	1	i		236.		236.42			236.41		.45
PRINCIPAL SURGEON	1	1		236.		236.42			236.41		.45
ASSISTANT SURGEON	0	0			00	.00			.00		.00
ANESTHESIOLOGIST	0	Ö			00	.00			.00		.00
OUTPATIENT SURGERY	5	22		1,694.		77.03			338.94		3.22
PRINCIPAL SURGEON	5	6		1,344.		224.00			268.80		2.56
ASSISTANT SURGEON	0	0		,	00	.00			.00		.00
ANESTHESIOLOGIST	2	16		350.		21.92			175.34		.67
DIALYSIS	0	0			00	.00			.00		.00
PATHOLOGY	4	7		117.		16.79			29.39		.22
RADIOLOGY	14	24		4,664.		194.34			333.16		8.87
PSYCHIATRY	0	0		· ·	00	.00			.00		.00
IMMUNIZATION AND INJECTION	1	16		58.		3.68			58.90		.11
OTHER SERVICES/ALL X-OVERS	36	90		1,447.		16.08			40.21		2.75
@PHARMACY	429	2,923	\$	148,594.		\$ 50.84		Ċ		\$	282.50
PRESCRIPTION DRUGS	419	1,496	Ÿ	147,000.		98.26		Ÿ	350.84	Ÿ	279.47
SNF/ICF	15	97		3,985.		41.08			265.67		7.58
OUTPATIENTS	405	1,399		143,015.		102.23			353.12		271.89
MEDICAL SUPPLIES	20	1,427		1,594.		1.12			79.71		3.03
@DENTIST	30	109	\$	3,497.		\$ 32.08		Ċ	116.57	Ġ	6.65
VISITS - DIAGNOSTIC	24	85	Ą	1,126.		13.25		Ą	46.92	Ą	2.14
ORAL SURGERY	24	2		170.		85.00			85.00		.32
DRUGS	0	0			00	.00			.00		.00
ANESTHESIA	0	0			00	.00			.00		.00
	4	0		283.		70.75			70.75		.54
PERIODONTICS	1	1		330.		330.00			330.00		.63
ENDODONTICS	⊥ 7	11		1,263.		114.82			180.43		2.40
RESTORATIVE DENTISTRY	7	0		,	00	.00			.00		.00
PROSTHETICS	0	0		325.							
DENTURES, STAYPLATES	3	4				81.25			108.33		.62
SPACE MAINTAINERS	0	0			00	.00			.00		.00
MAXILLOFACIAL SERVICES	0	0			00	.00			.00		.00
FRACTURES, DISLOCATIONS	0	0			00	.00			.00		.00
ORTHODONTIC SERVICES	0	0			0.0	.00			.00		.00
ALL OTHER SERVICES	2	2	חחכ יי		00	.00		DEC	.00	D	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		KES M	ION.I.H-OF LAXMEN	T. KEL	PORT FOR JA	AN ZUU3 THRU	DEC	2003	PA	GE 2,870
MOP024	FEE-FOR-SERVICE/DENTAL		a.a.c.	DIGIDIED TI	D3 D7		0 0000 00				01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FO	OK CRAIG	CASES	5- DISABLED IN	PA-DI	rsarted VII	J CODE 6E				

----- MONTHLY AVERAGE -----526 ELIGIBLES UNITS OF SERVICE USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 30 \$ 542.22 \$ 18.07 .057 \$ 60.25 \$ 1.03 3 DIAGNOSTIC AND ANC. PROCED 142.35 47.45 .006 47.45 . 27 24 .046 51.90 EYE APPLIANCES 363.32 15.14 .69 3 2 2 0 .006 OTHER OPTOMETRIC SERVICES 36.55 12.18 18.28 .07 33.44 \$ @CHIROPRACTOR 33.44 \$ 16.72 .004 \$.06 33.44 33.44 16.72 .06 VISITS .004 33.44 OTHER SERVICES 0 .00 .000 .00 .00 @PODIATRIST \$ 59.32 \$ 8.47 .013 \$ 11.86 \$.11

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	7	59.32	8.47	.013	11.86	.11
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	•
@TOTAL HOSPITAL	92	574 \$	19,434.57	\$ 33.86	1.091 \$	211.25	
HOSP INPATIENT TOTAL	8	8	5,832.71	729.09	.015	729.09	11.09
HSC HOSPITALS	1	1	1,290.00	1290.00	.002	1290.00	2.45
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.002	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	7	4,542.71	648.96	.013	648.96	8.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	87	566	13,601.86	24.03	1.076	156.34	25.86
MEDICAL	8	17	302.06	17.77	.032	37.76	.57
SURGERY	2	2	222.63	111.32	.004	111.32	.42
PATHOLOGY	40	202	2,042.50	10.11	.384	51.06	3.88
RADIOLOGY	13	15	3,461.74	230.78	.029	266.29	6.58
ROOM USE	25	59	2,750.02	46.61	.112	110.00	5.23
CROSSOVERS/ALL OTH OUTPTNT	39	271	4,822.91	17.80	.515	123.66	9.17
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00				
MEDICAL	0	0		.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,871
	FEE-FOR-SERVICE						01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES-	DISABLED IN PA-I	DISABLED AID CO			
					MONT		
526 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMINITY HOSDITAL TOTAL	92	574 ¢	19 434 57	\$ 33.86	1 091 \$	211 25	\$ 36.95

@COMMUNITY HOSPITAL TOTAL 92 574 19,434.57 \$ 33.86 1.091 \$ 211.25 \$ 36.95 5,832.71 COMM HOSP INPATIENT TOTAL 8 8 729.09 .015 729.09 11.09 1290.00 1290.00 2.45 1,290.00 HSC HOSPITALS 1 .002 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 .00 0 0 .00 .000 .00 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 .00 0 .00 .00 .00 ALL OTHER ACCOM 0 .000 ANCILLARIES 0 0 .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	7	7			4,542.71		648.96	.0	13		648.96		8.64
ALL OTHER INPATIENT	0	0			.00		.00	.0	0.0		.00		.00
COMM HOSP OUTPATIENT TOTAL	87	566		-	13,601.86		24.03	1.0	76		156.34		25.86
MEDICAL	8	17			302.06		17.77	.0	32		37.76		.57
SURGERY	2	2			222.63		111.32	.0	04		111.32		.42
PATHOLOGY	40	202			2,042.50		10.11	. 3	84		51.06		3.88
RADIOLOGY	13	15			3,461.74		230.78	.0	29		266.29		6.58
ROOM USE	25	59			2,750.02		46.61	.1	12		110.00		5.23
CROSSOVERS/ALL OTH OUTPTNT	39	271			4,822.91		17.80	. 5	15		123.66		9.17
@STATE HOSPITAL	0	0	\$.00		.00	.0	0.0	\$.00	\$.00
MENTALLY ILL	0	0	•		.00	•	.00	.0	0.0	-	.00	-	.00
DEVELOP. DISABLED	0	0			.00		.00	.0	0.0		.00		.00
@NURSING FACILITY	13	367	\$	į	59,902.67	\$	163.22	.6	98	\$	4607.90	\$	113.88
LEV A-INTERMEDIATE	0	0	·		.00		.00	.0	0.0		.00	·	.00
LEV B-REHAB MD	0	0			.00		.00	.0	0.0		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.0	0.0		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.0	0.0		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.0	0.0		.00		.00
LEV B-REGULAR	13	367		į	59,902.67		163.22	.6	98		4607.90		113.88
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.0	0.0	\$.00	\$.00
ICF DDH	0	0			.00		.00	.0	00		.00		.00
ICF DD	0	0			.00		.00	.0	00		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.0	00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.0	0 C	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.0	00		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.0	0 C		.00		.00
@REHABILITATION FACILITY	5	38	\$		603.73	\$	15.89	.0'	72	\$	120.75	\$	1.15
HOSPITAL BASED	0	0			.00		.00	.0	0.0		.00		.00
INDEPENDENT FACILITY	5	38			603.73		15.89	.0	72		120.75		1.15
@LABORATORY FACILITY	7	24	\$		470.48	\$	19.60	.0	46	\$	67.21	\$.89
PATHOLOGY	7	24			470.48		19.60	.0	46		67.21		.89
XO AND OTHERS	0	0			.00		.00	.0	0 C		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	28	\$		2,745.28	\$	98.05	.0	53	\$	137.26	\$	5.22
CLINIC	3	4			88.20		22.05	.0	8 C		29.40		.17
SURGICENTER	2	4			194.11		48.53	.0	8 C		97.06		.37
HEROIN DETOX CLINIC	0	0			.00		.00	.0	00		.00		.00
RURAL HEALTH CLINIC	16	20			2,462.97		123.15	.0	38		153.94		4.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES M	ONTH-OF-			FOR JAN 2	003 TH	RU	DEC	2003	PA	GE 2,872
MOP024	FEE-FOR-SERVICE/DENTAL												01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES	- DISABI	LED IN PA	-DISAB	LED AID CO	DE 6E					
									7.7	(NTTT	א כויד א א א דוו	CE.	

	001111111111111111111111111111111111111	TOTAL CITATE CITATE	D = 0.1.D = 0.0		,		
					MON	THLY AVERA	GE
526 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	55	4,671 \$	8,373.23	\$ 1.79	8.880 \$	152.24	\$ 15.92
DURABLE MED. EQUIP.	5	7	1,065.19	152.17	.013	213.04	2.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	44	272.33	6.19	.084	136.17	.52
AMBULANCES/AIR TRANS	1	44	272.33	6.19	.084	272.33	.52
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	1	9	744.00	82.67	.017	744.00	1.41
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	20	187.76	9.39	.038	20.86	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.002	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	2	6	215.43	35.91	.011		107.72	.41
HOSPICE SERVICES	1	30	4,038.90	134.63	.057	4	038.90	7.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	8	40	341.37	8.53	.076		42.67	.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	27	4,514	1,507.75	.33	8.582		55.84	2.87
@CALIF. CHILDREN SERVICES*	5	39	\$ 920.50	\$ 23.60	.074	\$	184.10	\$ 1.75
@XOVER EXCLUDING STATE HOSP**	77	345	\$ 9,169.27	\$ 26.58	.656	\$	119.08	\$ 17.43

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL EL DORADO COUNTY

PAGE 2,873 01/29/04 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

			101112 211 111 1011		MON	THLY AVERA	GE
655 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	709	12,576 \$	631,026.42	\$ 50.18	19.200 \$	890.02	\$ 963.40
@PHYSICIANS SERVICES	97	373 \$	14,865.33	\$ 39.85	.569 \$	153.25	\$ 22.70
OUTPATIENT VISITS	44	64	2,364.44	36.94	.098	53.74	3.61
OFFICE VISITS	24	33	1,064.84	32.27	.050	44.37	1.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	15	893.78	59.59	.023	63.84	1.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	12	16	405.82	25.36	.024	33.82	.62
INPATIENT VISITS	3	26	1,017.59	39.14	.040	339.20	1.55
HOSPITAL VISITS	3	26	1,017.59	39.14	.040	339.20	1.55
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	25	1,884.30	75.37	.038	628.10	2.88
PRINCIPAL SURGEON	3	5	1,537.67	307.53	.008	512.56	2.35
ASSISTANT SURGEON	1	1	113.92	113.92	.002	113.92	.17
ANESTHESIOLOGIST	1	19	232.71	12.25	.029	232.71	.36
OUTPATIENT SURGERY	7	24	1,839.87	76.66	.037	262.84	2.81
PRINCIPAL SURGEON	7	8	1,489.20	186.15	.012	212.74	2.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	350.67	21.92	.024	175.34	.54
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	9	238.02	26.45	.014	47.60	.36
RADIOLOGY	16	29	4,724.06	162.90	.044	295.25	7.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	16	58.90	3.68	.024	58.90	.09
OTHER SERVICES/ALL X-OVERS	54	180	2,738.15	15.21	.275	50.71	4.18
@PHARMACY	614	4,272 \$	198,198.36	\$ 46.39	6.522 \$		\$ 302.59
PRESCRIPTION DRUGS	602	2,266	195,936.50	86.47	3.460	325.48	299.14
SNF/ICF	84	487	26,188.23	53.77	.744	311.76	39.98
OUTPATIENTS	520	1,779	169,748.27	95.42	2.716	326.44	259.16
MEDICAL SUPPLIES	30	2,006	2,261.86	1.13	3.063	75.40	3.45
@DENTIST	41	155 \$	5,101.00	\$ 32.91	.237 \$		
VISITS - DIAGNOSTIC	31	99	1,420.00	14.34	.151	45.81	2.17
ORAL SURGERY	4	18	885.00	49.17	.027	221.25	1.35

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	283.00	70.75	.006	70.75	.43
ENDODONTICS	1	1	330.00	330.00	.002	330.00	.50
RESTORATIVE DENTISTRY	8	20	1,758.00	87.90	.031	219.75	2.68
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	11	425.00	38.64	.017	70.83	.65
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,874
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
EL DORADO COUNTY	SUMMARY OF SERVICES F	OR CRAIG CASES	- TOTAL IN PA-TOTAL				

----- MONTHLY AVERAGE -----

655 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	-		UNITS/DAY	-	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	18	OR DAYS OF CARE 56	\$	893.17		15.95	PER ELIG .085			\$	1.36
DIAGNOSTIC AND ANC. PROCED	3	3	Ą	142.35		47.45	.005	Ą	47.45	Ą	.22
	14	42		651.20		15.50	.064		46.51		.99
EYE APPLIANCES											
OTHER OPTOMETRIC SERVICES	5	11	d	99.62		9.06	.017	4	19.92	4	.15
@CHIROPRACTOR	1	2	\$	33.44		16.72	.003	Ş	33.44	Ş	.05
VISITS	1	2		33.44		16.72	.003		33.44		.05
OTHER SERVICES	0	0	4	.00		.00	.000		.00		.00
@PODIATRIST	11	13	\$	89.35		6.87	.020	Ş	8.12	Ş	.14
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	11	13	4	89.35		6.87	.020		8.12		.14
@HOME HEALTH AGENCY	2	19	\$	1,422.34		74.86	.029	\$	711.17	\$	2.17
NURSE ANESTHESIST	0	0	\$.00		.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00		.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	•	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00		.00	.000		.00	\$.00
@TOTAL HOSPITAL	110	697	Ş	50,064.84		71.83	1.064	\$	455.13	\$	76.43
HOSP INPATIENT TOTAL	9	25		34,851.71		1394.07	.038		3872.41		53.21
HSC HOSPITALS	1	1		1,290.00		1290.00	.002		1290.00		1.97
NON-HSC HOSPITAL TOTAL	1	17		29,019.00		1707.00	.026		29019.00		44.30
ACCOMMODATIONS	1	17		9,061.00		533.00	.026		9061.00		13.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	17		9,061.00		533.00	.026		9061.00		13.83
ANCILLARIES	1	0		19,958.00		.00	.000		19958.00		30.47
INPATIENT CROSSOVERS	7	7		4,542.71		648.96	.011		648.96		6.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	104	672		15,213.13		22.64	1.026		146.28		23.23
MEDICAL	8	17		302.06		17.77	.026		37.76		.46
SURGERY	2	2		222.63		111.32	.003		111.32		.34
PATHOLOGY	42	211		2,151.97		10.20	.322		51.24		3.29
RADIOLOGY	14	16		3,483.66		217.73	.024		248.83		5.32
ROOM USE	26	60		2,778.02		46.30	.092		106.85		4.24
CROSSOVERS/ALL OTH OUTPTNT	53	366		6,274.79		17.14	.559		118.39		9.58
@COUNTY HOSPITAL TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MONTH	-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 2,875
MOP024	FEE-FOR-SERVICE/D										01/29/04
ET DODADO COINTEV	CIIMMADV OF CEDUTO	EC EOD CDXTC C	ACEC TO	שר אם זאד דאים אים אים אים אים אים אים אים אים אים	ヘጥNT						

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

EL DORADO COUNTY

SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

						/					
	110	OR DAYS OF CARE		50 064 04		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	110	697	\$	50,064.84	\$	71.83	1.064	Ş	455.13	\$	76.43
COMM HOSP INPATIENT TOTAL	9	25		34,851.71		1394.07	.038		3872.41		53.21
HSC HOSPITALS	1 1	1		1,290.00		1290.00	.002		1290.00		1.97
NON-HSC HOSPITALS TOTAL		17		29,019.00		1707.00	.026		29019.00		44.30
ACCOMMODATIONS	1	17		9,061.00		533.00	.026		9061.00		13.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	17		9,061.00		533.00	.026		9061.00		13.83
ANCILLARIES	1	0		19,958.00		.00	.000		19958.00		30.47
INPATIENT CROSSOVERS	./	./		4,542.71		648.96	.011		648.96		6.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	104	672		15,213.13		22.64	1.026		146.28		23.23
MEDICAL	8	17		302.06		17.77	.026		37.76		.46
SURGERY	2	2		222.63		111.32	.003		111.32		.34
PATHOLOGY	42	211		2,151.97		10.20	.322		51.24		3.29
RADIOLOGY	14	16		3,483.66		217.73	.024		248.83		5.32
ROOM USE	26	60		2,778.02		46.30	.092		106.85		4.24
CROSSOVERS/ALL OTH OUTPTNT	53	366		6,274.79		17.14	.559		118.39		9.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	65	2,035	\$	330,412.92	\$	162.37	3.107	\$	5083.28	\$	504.45
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	65	2,035		330,412.92		162.37	3.107		5083.28		504.45
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	-	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	5	38	\$	603.73	\$	15.89	.058	\$	120.75	\$.92
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00	•	.00
INDEPENDENT FACILITY	5	38		603.73		15.89	.058		120.75		.92
@LABORATORY FACILITY	7	24	\$	470.48	\$	19.60	.037	\$	67.21	\$.72
PATHOLOGY	7	24	•	470.48	•	19.60	.037		67.21	•	.72
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	28	\$	2,745.28	\$	98.05	.043	\$	137.26	\$	4.19
CLINIC	3	4	•	88.20	•	22.05	.006		29.40	•	.13
SURGICENTER	2	4		194.11		48.53	.006		97.06		.30
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	16	20		2,462.97		123.15	.031		153.94		3.76
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT RI	EPOR	r for Jan 2		DEC		P	AGE 2,876
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES	- TOTAL IN PA-TOTA	AL						
							M	ONT	HLY AVERA	GE	
655 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST					COST PER
*** ======	0.0 = 1.10	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	74		\$	26,126.18	\$		7.426				
DURABLE MED. EQUIP.	7	12	-T	1,249.16	-7	104.10	.018	т.	178.45	т.	1.91
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	5	57		593.16		10.41	.087		118.63		.91
AMBULANCES/AIR TRANS	3	54		549.79		10.18	.082		183.26		.84
OTHER TRANS	0	0		.00		.00	.000		.00		.00
	ŭ	ŭ		. 30							

OTHER SERVICES	2	3	43.37	14.	46 .0	005	21.69	.07
ACUPUNCTURE	0	0	.00		00 .0	000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		00 .0	000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		00 .0	000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1	9	744.00	82.	67 .0	14	744.00	1.14
OCCUPATIONAL THERAPIST	0	0	.00		00 .0	000	.00	.00
OPTICIAN	15	32	315.92	9.	87 .0)49	21.06	.48
PHYSICAL THERAPIST	0	0	.00		00 .0	000	.00	.00
PORTABLE X-RAY	1	1	.50		50 .0	002	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		00 .0	000	.00	.00
PROSTHETICS	0	0	.00		00 .0	000	.00	.00
ORTHOTICS	0	0	.00		00 .0	000	.00	.00
PSYCHOLOGIST	1	1	.33		33 .0	002	.33	.00
SPEECH AND AUDIOLOGY	2	6	215.43	35.	91 .0	009	107.72	.33
HOSPICE SERVICES	5	184	21,023.47	114.	26 .2	281	4204.69	32.10
NONINST BIRTHING CENTERS	0	0	.00		00 .0	000	.00	.00
LOCAL EDUCATION AGENCIES	8	40	341.37	8.	53 .0	061	42.67	.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		00 .0	000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		00 .0	000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		00 .0	000	.00	.00
ALL OTHER PROVIDERS	30	4,522	1,642.84		36 6.9	904	54.76	2.51
@CALIF. CHILDREN SERVICES*	5	39	\$ 920.50	\$ 23.	60 .0	060	\$ 184.10	\$ 1.41
@XOVER EXCLUDING STATE HOSP**	115	553	\$ 12,050.25	\$ 21.	79 .8	344	\$ 104.78	\$ 18.40

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,877 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 EL DORADO COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

----- MONTHLY AVERAGE -----159,154 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 87,380 1,377,482 47,932,215.09 548.55 \$ @TOTAL, ALL PROVIDERS 34.80 8.655 \$ 301.17 30,297 80,751 43.01 .507 \$ 114.64 \$ @PHYSICIANS SERVICES 3,473,157.63 21.82 25,825 1,087,772.73 42.12 57.18 OUTPATIENT VISITS 19,023 .162 6.83 OFFICE VISITS 10,593 13,269 454,838.40 34.28 .083 42.94 2.86 4 57.98 .000 57.98 231.92 .00 HOME VISITS .054 EMERGENCY ROOM 7,282 8,578 456,251.43 53.19 62.65 2.87 PREVENTIVE CARE 124 126 5,324.43 42.26 .001 42.94 .03 1,038 1,686 73.58 OB VISITS/COMPRE PERI 124,051.29 .011 119.51 .78 OTHER OUTPATIENT 1,768 2,162 47,075.26 21.77 .014 26.63 .30 INPATIENT VISITS 1,564 5,339 299,886.82 56.17 .034 191.74 199,536.41 HOSPITAL VISITS 1,453 4,460 44.74 .028 137.33 1.25 774 135 96,706.62 124.94 .005 716.35 CRITICAL CARE .61 .001 SNF/ICF/TRANS IP CARE 63 105 3,643.79 34.70 57.84 .02 OPHTHALMOLOGICAL SERVICES 235 282 43.27 .002 12,201.57 51.92 .08 242 .002 EXAMINATIONS 11,050.57 SERVICES AND MATERIALS 40 40 1,151.00 28.78 .000 28.78 .01 1,375 779,737.90 INPATIENT HOSPITAL SURGERY 6,295 123.87 .040 567.08 4.90 PRINCIPAL SURGEON 1,018 1,413 661,508.48 468.16 .009 649.81 4.16 ASSISTANT SURGEON 127 129 23,484.26 182.05 .001 184.92 .15 4,753 19.93 ANESTHESIOLOGIST 94,745.16 415 .030 228.30 .60 OUTPATIENT SURGERY 2,271 395,501.85 65.38 174.15 6,049 .038 2.49 .016 PRINCIPAL SURGEON 1.904 2,486 318,100.27 127.96 167.07 2.00 ASSISTANT SURGEON 12 12 1,005.14 83.76 .000 83.76 .01 3,551 76,396.44 21.51 .022 ANESTHESIOLOGIST 146.07 DIALYSIS 21 932.48 44.40 .000 233.12 4 .01 92,866.80 20.74 PATHOLOGY 3,061 4.477 .028 30.34 .58 370,793.84 .053 RADIOLOGY 5,183 8,453 43.87 71.54 2.33 **PSYCHIATRY** 1 87.54 14.59 .000 87.54 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	521	2,188		84,230.49		38.50	.014		161.67		.53
OTHER SERVICES/ALL X-OVERS		21,816		349,145.61		16.00	.137		48.03		2.19
@PHARMACY	54,401	579,237	\$		\$	24.50	3.639	Ś	260.87	Ś	89.17
PRESCRIPTION DRUGS	53,844	181,633	٧	13,803,298.58	٧	76.00	1.141	٧	256.36	٧	86.73
SNF/ICF		21,188		1,026,648.11		48.45	.133		308.86		6.45
OTHED A REPURC	5,324	160,445		12,776,650.47		79.63	1.008		252.31		80.28
MEDICAL CUDDITEC	30,639	397,604				.98	2.498		107.75		2.44
MEDICAL SUPPLIES	3,606		4	388,539.47	4			4		4	
@DENTIST	9,3/8	41,609	\$		\$	43.42	.261	Ş	192.64	Ş	11.35
VISITS - DIAGNOSTIC	6,151	23,682		360,081.19		15.20	.149		58.54		2.26
ORAL SURGERY	1,238	2,764		156,213.59		56.52	.017		126.18		.98
DRUGS	60	72		1,505.00		20.90	.000		25.08		.01
ANESTHESIA	24	_24		2,225.00		92.71	.000		92.71		.01
PERIODONTICS	521	549		56,986.05		103.80	.003		109.38		.36
ENDODONTICS	845	1,482		283,767.08		191.48	.009		335.82		1.78
RESTORATIVE DENTISTRY	3,465	10,878		759,500.17		69.82	.068		219.19		4.77
PROSTHETICS	39	40		1,020.00		25.50	.000		26.15		.01
DENTURES, STAYPLATES	443	1,517		154,574.27		101.89	.010		348.93		.97
SPACE MAINTAINERS	57	66		6,413.00		97.17	.000		112.51		.04
MAXILLOFACIAL SERVICES	16	16		2,450.00		153.13	.000		153.13		.02
FRACTURES, DISLOCATIONS	2	2		280.00		140.00	.000		140.00		.00
ORTHODONTIC SERVICES	187	281		20,086.73		71.48	.002		107.42		.13
ALL OTHER SERVICES	208	236		1,500.00		6.36	.001		7.21		.01
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES N	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2003 THRU 1	DEC	2003	P	AGE 2,878
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
EL DORADO COUNTY	SUMMARY OF SERV	ICES FOR TOTAL (CERTI	IFIED							
							Mo	ONT	HLY AVERA	GE	
159,154 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY:	S (COST PER		COST PER
		OR DAYS OF CARE	£		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2,368	6,894	\$	151,155.27	\$	21.93	.043	\$	63.83	\$.95
DIAGNOSTIC AND ANC. PROCED	1,366	1,380		63,385.26		45.93	.009		46.40		.40
EYE APPLIANCES	1,857	5,276		82,698.05		15.67	.033		44.53		.52
OTHER OPTOMETRIC SERVICES	166	238		5,071.96		21.31	.001		30.55		.03
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	56	130	\$	2,106.72	\$	16.21	.001	\$	37.62	\$.01
VISITS	54	128	•	2,073.28	·	16.20	.001		38.39	•	.01
OTHER SERVICES	2	2		33.44		16.72	.000		16.72		.00
@PODIATRIST	639	746	\$	10,299.06	Ś	13.81	.005	\$	16.12	\$.06
MEDICINE/INJECTIONS	5.0	60	•	1,981.63		33.03	.000		39.63	•	.01
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	3	4		123.99		31.00	.000		41.33		.00
RADIO./PATHOLOGY	2	3		51.90		17.30	.000		25.95		.00
OTHER	590	679		8,141.54		11.99	.004		13.80		.05
@HOME HEALTH AGENCY	258	9,403	\$	319,884.50	\$	34.02	059	Ś		\$	2.01
NURSE ANESTHESIST	26	186	\$	1,694.74	\$	9.11	.001			Ś	.01
MIDGE MIDWIFF	18	193	\$		\$	32.80	.001		351.72		.04
PEDIATRIC NURSE PRACTITIONER	10	0	Ġ	.00	\$.00	.000		.00		.00
FAMILA MIDGE DDACTITIONED	27	44	Š	1,243.55	Š	28.26	.000			Ś	.01
@TOTAL HOSPITAL	21 560	44 100,790	Ģ.	12,420,098.69		123.23	.633		575.83		78.04
UOCD INDATTENT TOTAL	21,309	8,137	Ą	10,168,613.50	Ą	1249.68	.051	Ą	5403.09	Ą	63.89
	1 227					147.00	. U O T				
HCC HOCDITAIC	1,882			2 420 222 26		1313 /5	012		7838 33		15 27
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	1,882 310 1 148	1,850		2,429,882.36		1313.45	.012		7838.33		15.27
HSC HOSPITALS NON-HSC HOSPITAL TOTAL	1,882 310 1,148	1,850 4,744		7,399,898.75		1559.84	.030		6445.90		46.50
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	1,882 310 1,148 1,119	1,850 4,744 4,744		7,399,898.75 2,424,759.49		1559.84 511.12	.030 .030		6445.90 2166.90		46.50 15.24
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	1,148 1,119 14	1,850 4,744 4,744 172		7,399,898.75 2,424,759.49 39,321.00		1559.84 511.12 228.61	.030 .030 .001		6445.90 2166.90 2808.64		46.50 15.24 .25
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	1,148 1,119 14 0	1,850 4,744 4,744 172 0		7,399,898.75 2,424,759.49 39,321.00		1559.84 511.12 228.61 .00	.030 .030 .001 .000		6445.90 2166.90 2808.64 .00		46.50 15.24 .25 .00
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	1,148 1,119 14	1,850 4,744 4,744 172		7,399,898.75 2,424,759.49 39,321.00		1559.84 511.12 228.61	.030 .030 .001		6445.90 2166.90 2808.64		46.50 15.24 .25

338,832.39

2,251,485.19

117,574.42 58,124.98 465,215.69

.00

219.59

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24.30

28.32

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770.07

109.17

43.55

41.88

56.10

.00

2.13

14.15

.74

.37

2.92

.00

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

440

0

20,624

2,700

1,388

8,293

1,543

92,653

4,152

1,611

34,996

RADIOLOGY ROOM USE	4,641 10,899	6,484 15,965	447,589.09 601,804.72	69.03 37.70	.041	96.44 55.22	2.81 3.78
CROSSOVERS/ALL OTH OUTPTNT	9,237	29,445	561,176.29	19.06	.185	60.75	3.53
@COUNTY HOSPITAL TOTAL	71	323	\$ 108,674.80	\$ 336.45	.002	\$ 1530.63	\$.68
CO HOSPITAL INPATIENT TOTAL	10	91	99,652.07	1095.08	.001	9965.21	.63
HSC HOSPITALS	10	91	99,652.07	1095.08	.001	9965.21	.63
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	62	232	9,022.73	38.89	.001	145.53	.06
MEDICAL	16	19	676.60	35.61	.000	42.29	.00

SURGERY	13	17		1,002.61		58.98	.000		77.12		.01
PATHOLOGY	14	58		1,044.94		18.02	.000		74.64		.01
RADIOLOGY	12	17		1,299.78		76.46	.000		108.32		.01
ROOM USE	38	55		2,726.94		49.58	.000		71.76		.02
CROSSOVERS/ALL OTH OUTPTNT	29	66		2,271.86		34.42	.000		78.34		.01
		S AND EXPENDITIE	RES M	ONTH-OF-PAYMENT R	EPORT			DEC		PΑ	GE 2,879
MOP024	FEE-FOR-SERVICE/			01.111 01 11111111111111111111111111111		1011 01111	2005 111110		2005		01/29/04
EL DORADO COUNTY	SUMMARY OF SERVI		CERTT	FIED							01/25/01
EL BOIGEBO COONTI	BOTH HILL OF BEILVE	CED 1011 10111E	СШКІТ				N	ONT	HLY AVERA	GE -	
159,154 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	ΔVF	RAGE COST	UNITS/DAY		COST PER		OST PER
133,131 111011110	OBLIE	OR DAYS OF CAR					PER ELIG		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	21,514	100,467	\$	12,311,423.89	\$	122.54	.631		572.25		77.36
COMM HOSP INPATIENT TOTAL	1,873	8,046	Ÿ	10,068,961.43		1251.42	.051	Ÿ	5375.85	Ÿ	63.27
HSC HOSPITALS	300	1,759		2,330,230.29		1324.75	.011		7767.43		14.64
		4,744		7,399,898.75		1559.84	.030		6445.90		46.50
ACCOMMODATIONS	1,148 1,119	4,744		2,424,759.49		511.12	.030		2166.90		15.24
ACCOMMODATIONS ADMINISTRATIVE DAYS	1,119	172		39,321.00		228.61	.001		2808.64		.25
TRANSITIONAL IP CARE	7.4	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1 112	4,572		2,385,438.49		521.75	.029		2145.18		14.99
ALL OTHER ACCOM	14 0 1,112 1,147	4,572				.00	.000		4337.52		31.26
ANCILLARIES	440	1,543		4,975,139.26 338,832.39		219.59			770.07		2.13
INFAITENT CROSSOVERS	0	1,543					.010				.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 20 F77			.00 2,242,462.46		.00	.000		.00		
MEDICAL	20,577	92,421				24.26	.581		108.98		14.09
-	2,685	4,133		116,897.82		28.28	.026		43.54		.73
SURGERY	1,375	1,594		57,122.37		35.84	.010		41.54		.36
PATHOLOGY	8,281	34,938		464,170.75		13.29	.220		56.05		2.92
RADIOLOGY	4,630	6,467		446,289.31		69.01	.041		96.39		2.80
ROOM USE	10,870	15,910		599,077.78		37.65	.100		55.11		3.76
CROSSOVERS/ALL OTH OUTPTNT	9,212	29,379		558,904.43	4.	19.02	.185		60.67	4.	3.51
@STATE HOSPITAL	0	0	Ş	.00	\$.00	.000	\$.00	Ş	.00
MENTALLY ILL	10,870 9,212 0 0 0 3,269 77 37 2	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3,269	104,566	\$	11,663,334.00	\$	111.54	.657	\$		\$	73.28
LEV A-INTERMEDIATE	77	2,509		125,620.62		50.07	.016		1631.44		.79
LEV B-REHAB MD	37	1,196		121,999.39		102.01	.008		3297.28		.77
LEV B-SUBACUTE FREESTANDING	2	50		19,434.65		388.69	.000		9717.33		.12
LEV B-SUBACUTE HSPTL BASED	2	50 75 0 100,736 751		43,309.95		577.47	.000		21654.98		.27
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3,153	100,736		11,352,969.39		112.70	.633		3600.69		71.33
@INTERMEDIATE CARE FACILDD	25	751	\$	92,847.98	\$	123.63		\$	3713.92	\$.58
ICF DDH	12	365		48,810.17		133.73	.002		4067.51		.31
ICF DD	2 0 3,153 25 12 12 1 99 0 99 140	357		38,736.90		108.51	.002		3228.08		.24
ICF DDN/DDCN	1	29		5,300.91		182.79	.000		5300.91		.03
@HEMODIALYSIS TOTAL	99	407	\$	76,900.18	\$	188.94	.003	\$	776.77	\$.48
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	99	407		76,900.18		188.94	.003		776.77		.48
@REHABILITATION FACILITY	140	1,783	\$	29,134.08	\$	16.34	.011	\$	208.10	\$.18
HOSPITAL BASED	19	41		2,049.63		49.99	.000		107.88		.01
INDEPENDENT FACILITY	121	1,742		27,084.45		15.55	.011		223.84		.17
@LABORATORY FACILITY	2,261	7,880	\$	126,841.66	\$	16.10	.050	\$	56.10	\$.80
PATHOLOGY	2,238	7,822		126,423.17		16.16	.049		56.49		.79
XO AND OTHERS	23	58		418.49		7.22	.000		18.20		.00
@ORGANIZED OUTPATIENT CLINIC	9,329	18,120	\$	1,784,565.61	\$	98.49	.114	\$	191.29	\$	11.21
CLINIC	1,393	4,578		96,431.26		21.06	.029		69.23		.61
SURGICENTER	277	1,209		56,229.62		46.51	.008		203.00		.35
HEROIN DETOX CLINIC	2	14		175.95		12.57	.000		87.98		.00
RURAL HEALTH CLINIC	7,720	12,319		1,631,728.78		132.46	.077		211.36		10.25
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPORT			DEC	2003	PA	GE 2,880
MOP024	FEE-FOR-SERVICE/										01/29/04
EL DORADO COUNTY	SUMMARY OF SERVI	CES FOR TOTAL	CERTI	FIED							

USERS	UNITS OF SERVICE		EXPENDITURES					COST PER ELIGIBLE
0 100		ċ.	1 774 100 26					11.15
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	· · · · · · · · · · · · · · · · · · ·							2.21
-	<u> </u>							.00
								.04
								1.73
								1.17
								.20
	2,156		57,167.92		.014			.36
	44		810.97		.000	54.06		.01
37	598		41,548.73	69.48	.004	1122.94		.26
276	277		28,429.00	102.63	.002	103.00		.18
657	4,565		326,449.64	71.51	.029	496.88		2.05
2	5		103.00	20.60	.000	51.50		.00
1,823	3,891		39,849.43	10.24	.024	21.86		.25
2	15		246.79	16.45	.000	123.40		.00
72	147		986.06		.001	13.70		.01
120	272		30,868.36		.002			
	272		30,868.36	113.49	.002	257.24		.19
0	0							.00
17	22							.00
363	933		53,191.45	57.01	.006	146.53		.33
69	2,363					3154.18		1.37
2	2							.01
2.179	29.517							1.21
1	4							.00
0	0							.00
0	0							.00
1 706	345 451							1.29
		Ś	•				Ġ	9.95
	60,457	4						7.08
	9,199 567 0 33 1,670 1,379 161 172 15 37 276 657 2 1,823 2 72 120 120 0 17 363	OR DAYS OF CARE 9,199 567 0 0 33 40 1,670 1,379 161,449 161 172 2,156 15 44 37 598 276 657 4,565 2 1,823 3,891 2 1,823 15 72 147 120 272 120 0 17 22 363 69 2,363 2 2,179 29,517 1 4 0 0 0 1,706 345,451 784	OR DAYS OF CARE 9,199 567 0 0 33 40 1,670 33,320 1,379 16,449 161 14,715 172 2,156 15 44 37 598 276 657 4,565 2 5 1,823 3,891 2 15 72 147 120 272 147 120 272 120 272 120 272 120 272 2363 933 69 2,363 2 2,179 29,517 1 4 0 0 0 1,706 345,451 784 21,561 \$	OR DAYS OF CARE 9,199 423,992 \$ 1,774,180.36 567 2,526 352,470.32 0 0 .00 33 40 6,850.18 1,670 33,320 274,558.80 1,379 16,449 186,169.73 161 14,715 31,221.15 172 2,156 57,167.92 15 44 810.97 37 598 41,548.73 276 277 28,429.00 657 4,565 326,449.64 2 5 103.00 1,823 3,891 39,849.43 2 147 986.06 120 272 30,868.36 120 272 30,868.36 120 272 30,868.36 120 272 30,868.36 120 272 30,868.36 120 2,363 217,638.29 2 2 2,231.87 2,179 29,517 192,436.51 1 4 117.64	OR DAYS OF CARE PER UNIT/DAY 9,199 423,992 \$ 1,774,180.36 \$ 4.18 567 2,526 352,470.32 139.54 0 0 .00 .00 33 40 6,850.18 171.25 1,670 33,320 274,558.80 8.24 1,379 16,449 186,169.73 11.32 161 14,715 31,221.15 2.12 172 2,156 57,167.92 26.52 15 44 810.97 18.43 37 598 41,548.73 69.48 276 277 28,429.00 102.63 657 4,565 326,449.64 71.51 2 5 103.00 20.60 1,823 3,891 39,849.43 10.24 2 15 246.79 16.45 72 147 986.06 6.71 120 272 30,868.36 113.49 0 0 .00	9,199 423,992 \$ 1,774,180.36 \$ 4.18 2.664 567 2,526 352,470.32 139.54 .016 0 0 .00 .00 .00 33 40 6,850.18 171.25 .000 1,670 33,320 274,558.80 8.24 .209 1,379 16,449 186,169.73 11.32 .103 161 14,715 31,221.15 2.12 .092 172 2,156 57,167.92 26.52 .014 15 44 810.97 18.43 .000 37 598 41,548.73 69.48 .004 276 277 28,429.00 102.63 .002 657 4,565 326,449.64 71.51 .029 2 5 103.00 20.60 .000 1,823 3,891 39,849.43 10.24 .024 2 15 246.79 16.45 .000 72 14	9,199 423,992 \$ 1,774,180.36 PER UNIT/DAY PER ELIG USER 567 2,526 352,470.32 139.54 .016 621.64 0 0 .00 .00 .00 .00 .00 33 40 6,850.18 171.25 .000 207.58 1,670 33,320 274,558.80 8.24 .209 164.41 1,379 16,449 186,169.73 11.32 .103 135.00 161 14,715 31,221.15 2.12 .092 193.92 172 2,156 57,167.92 26.52 .014 332.37 15 44 810.97 18.43 .000 54.06 37 598 41,548.73 69.48 .004 1122.94 276 277 28,429.00 102.63 .002 103.00 657 4,565 326,449.64 71.51 .029 496.88 2 5 103.00 2.60 .000	9,199 423,992 \$ 1,774,180.36 \$ 4.18 2.664 \$ 192.87 \$ 567 567 2,526 352,470.32 139.54 .016 621.64 0 0 .00 .00 .000 .000 .000 33 40 6,850.18 171.25 .000 207.58 1,670 33,320 274,558.80 8.24 .209 164.41 1,379 16,449 186,169.73 11.32 .103 135.00 161 14,715 31,221.15 2.12 .092 193.92 172 2,156 57,167.92 26.52 .014 332.37 15 44 810.97 18.43 .000 54.06 37 598 41,548.73 69.48 .004 1122.94 276 277 28,429.00 102.63 .002 103.00 657 4,565 326,449.64 71.51 .029 496.88 2 5 103.00 20.60

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.